## Form **712** (Rev. November 1991) Department of the Treasury Internal Revenue Service

## Life Insurance Statement

OMB No. 1545-0022 Expires 11-30-94

Pa	Tt De	cedent-Insu	red (To Be Filed	With United States Es	tate Tax Return, Form 706)				
1		first name and	middle initial 2	Decedent's last name	3 Decedent's social security number (if known)	4 Date of death			
5	Name and	address of insur	ance company						
6	Type of pol	licy			7 Policy number				
8		me. If decedent ch copy of appli		9 Date issued	10 Assignor's name. Please attach copy of assignment.	11 Date assigned			
12	Value of the time of ass	e policy at the ignment	13 Amount of pr	 remium (see instructions)	14 Name of beneficiaries				
15 16 17 18 19 20 21 22 23 24 25 26	Indemnity Additional Other ben Principal of Interest or Amount of Amount of Amount of Amount of Value of p Policy pro Note: If of the insurant Amount of Date of bir	benefits insurance efits	dness to the cores (item 19) accrudividends	mpany that is deductibled to date of death	le in determining net proceeds	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
29		pplied by the		npany as a single pre	emium representing the purchase of	\$			
30				t) used by insurer in va	lluing installment benefits.	Ţ			
31 32					ntract issued by the company? mount of such policies if this information is o				
The i	undersigned of	ficer of the above-	named insurance co	mpany hereby certifies that the	nis statement sets forth true and correct informati	on.			
	nture ►			Title ▶	Date of Cer				
Pape this You that colled	form to carry are required you are com ct the right a se time needs	ction Act Notice out the Internal to give us the ir plying with these amount of tax.	nformation. We ned e laws and to allow and file this form we estimated average	e information on the United States. ed it to ensure w us to figure and vill vary depending e time is:	ne Office of Management and Budget at the astructions of the tax return with which this end the tax form to either of these offices. Executor or representative who requested it. Statement of Insurer.—This statement mus he insurance company that issued the policompany having access to the records of the finis statement, a facsimile signature may nanual signature and if used, shall be bindireparate Statements.—A separate statements.	form is filed. <b>DO NOT</b> Instead, return it to the t be made, on behalf of y, by an officer of the e company. For purposes be used in lieu of a liq as a manual signature.			

Line 13.—Report on line 13 the annual premium, not the cumulative premium to date of death. If death occurred after the end of the premium period, report the last annual premium.

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Part II Living Insured	ł
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Signature ▶

(File With United States Gift Tax Return, Form 709. May Be Filed With United States Estate Tax

	Return, Form 706, Whe	re Decedent Owned In	nsurance on Life of Anothe	er)						
		SECTION A—Ge	eneral Information							
33	First name and middle initial of d	irst name and middle initial of donor (or decedent)  34 Last name  35 Soc						al security number		
36 37	Date of gift for which valuation do Date of decedent's death for which						-	<u> </u>		
<u> </u>	Date of George Countries with		Policy Information	•	<u> </u>					
38	Name of insured			39	Sex		40	Date of birth		
41	Name and address of insurance of									
42	Type of policy	43 Policy number		44	Fac	e amount	45	Issue date		
46	Gross premium	Gross premium						nent		
48	Assignee's name						49	Date assigned		
50	If irrevocable designation of bene beneficiary	ficiary made, name of	<b>51</b> Sex	52		e of birth, nown	53	Date designated		
55	If policy is not paid up:									
а	Interpolated terminal reserve on of beneficiary	•	it, or irrevocable designation							
b	Add proportion of gross premium									
	Add adjustment on account of di	vidends to credit of polic	у							
	Total (add lines a, b, and c) Outstanding indebtedness against			•						
f	Net total value of the policy (for g						//////			
56	If policy is either paid up or a sin			I						
а	Total cost, on date of death, assigningle-premium policy on life of i any additional paid-up insurance	nsured at attained age, f	or original face amount plus							
	(If a single-premium policy for the the life of the insured as of the date could then have been purchased such purpose the same formula company in calculating single pre-	te specified, nevertheless by the insured and state and basis employed, or	s, assume that such a policy e the cost thereof, using for							
	Adjustment on account of divider	•								
d e	Outstanding indebtedness agains Net total value of policy (for gift or	t policy		•	 					
The u	ndersigned officer of the above-named insu	rance company hereby certifies	that this statement sets forth true an	d corr	ect in	formation.	_	_		
Signa	ture ▶		Title ▶		Date Certi	of fication ▶				