Form **712**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Life Insurance Statement

Go to *www.irs.gov/Form712* for the latest information.

OMB No. 1545-0022

Part I Decedent—Insured

(To be filed by the executor with Form 706, United States Estate (and Generation-Skipping Transfer) Tax Return, or Form 706-NA, United States Estate (and Generation-Skipping Transfer) Tax Return, Estate of nonresident not a citizen of the United States.)

1 Decedent's first name and middle initial	2 Decedent's last name	3 Decedent's social security number (if known)	4 Date of death

5a Name of insurance company	5b Address (number and street) of insurance company	5c City	5d State	5e ZIP code

6 Type of policy	7 Policy number

8 Owner's name. If decedent is not owner, attach copy of application.	9 Date issued	10 Assignor's name. Attach copy of assignment.	11 Date assigned

12 Value of the policy at the time of assignment	13 Amount of premium (see instructions)	14 Name of beneficiaries

15	Face amount of policy	15	
16	Indemnity benefits	16	
17	Additional insurance	17	
18	Other benefits	18	
19	Principal of any indebtedness to the company that is deductible in determining net proceeds	19	
20	Interest on indebtedness (line 19) accrued to date of death	20	
21	Amount of accumulated dividends	21	
22	Amount of post-mortem dividends	22	
23	Amount of returned premium	23	
24	Amount of proceeds if payable in one sum	24	
25	Value of proceeds as of date of death (if not payable in one sum)	25	
26	Policy provisions concerning deferred payments or installments. If other than a lump-sum settlement is authorized for a surviving spouse, check here and attach a copy of the insurance policy ☐		
27	Amount of installments	27	
28	Date of birth, sex, and name of any person the duration of whose life may measure the number of payments.		

(i) Name of person the duration of whose life may measure beyond the number of payments	(ii) Date of birth	(iii) Sex

29	Amount applied by the insurance company as a single premium representing the purchase of installment benefits	29	
30	Basis (mortality table and rate of interest) used by insurer in valuing installment benefits.		
31	Were there any transfers of the policy within the 3 years prior to the death of the decedent?		☐ **Yes** ☐ **No**
32	If you checked "Yes" on line 31, enter date of assignment or transfer: ___/___/___ (Month / Day / Year)		
33	Was the insured the annuitant or beneficiary of any annuity contract issued by the company?		☐ **Yes** ☐ **No**
34	Did the decedent have any incidents of ownership on any policies on the decedent's life, but not owned by the decedent at the date of death?		☐ **Yes** ☐ **No**
35	Names of companies with which decedent carried other policies and amount of such policies if this information is disclosed by your records.		

The undersigned officer of the above-named insurance company (or appropriate federal agency or retirement system official) hereby certifies that this statement sets forth true and correct information.

Signature Susan A Zaky **Title** Chief Service Officer **Date of Certification**

Part II Living Insured

(File with Form 709, United States Gift (and Generation-Skipping Transfer) Tax Return, and Form 709-NA, United States Gift (and Generation-Skipping Transfer) Tax Return on Nonresident Not a Citizen of the United States. May also be filed with Form 706, United States Estate (and Generation-Skipping Transfer) Tax Return, or Form 706-NA, United States Estate (and Generation-Skipping Transfer) Tax Return, Estate of nonresident not a citizen of the United States, where decedent owned insurance on life of another.)

SECTION A—General Information

36 First name and middle initial of donor (or decedent)	**37** Last name	**38 Social security number**	
39 Date of gift for which valuation data submitted		**39**	
40 Date of decedent's death for which valuation data submitted		**40**	

SECTION B—Policy Information

41 Name of insured		**42** Sex	**43** Date of birth	
44a Name of insurance company	**44b** Address (number and street) of insurance company	**44c** City	**44d** State	**44e** ZIP code
45 Type of policy	**46** Policy number	**47** Face amount	**48** Issue date	
49 Gross premium		**50** Frequency of payment		
51 Assignee's name			**52** Date assigned	
53 If irrevocable designation of beneficiary made, name of beneficiary	**54** Sex	**55** Date of birth, if known	**56** Date designated	

57 If other than simple designation, quote in full. Attach additional sheets if necessary.

58	If policy is not paid up:			
a	Interpolated terminal reserve on date of death, assignment, or irrevocable designation of beneficiary	**58a**		
b	Add proportion of gross premium paid beyond date of death, assignment, or irrevocable designation of beneficiary	**58b**		
c	Add adjustment on account of dividends to credit of policy	**58c**		
d	**Total.** Add lines 58a, b, and c			**58d**
e	Outstanding indebtedness against policy			**58e**
f	Net total value of the policy (for gift or estate tax purposes). Subtract line 58e from line 58d			**58f**
59	If policy is either paid up or a single premium:			
a	Total cost, on date of death, assignment, or irrevocable designation of beneficiary, of a single-premium policy on life of insured at attained age, for original face amount plus any additional paid-up insurance (additional face amount _____)	**59a**		
	(If a single-premium policy for the total face amount would not have been issued on the life of the insured as of the date specified, nevertheless, assume that such a policy could then have been purchased by the insured and state the cost thereof, using for such purpose the same formula and basis employed, on the date specified, by the company in calculating single premiums.)			
b	Adjustment on account of dividends to credit of policy	**59b**		
c	**Total.** Add lines 59a and 59b			**59c**
d	Outstanding indebtedness against policy			**59d**
e	Net total value of policy (for gift or estate tax purposes). Subtract line 59d from line 59c			**59e**

The undersigned officer of the above-named insurance company (or appropriate federal agency or retirement system official) hereby certifies that this statement sets forth true and correct information.

Signature	Title	Date of Certification
Susan A Zaky	Chief Service Officer	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 712 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form712*.

Specific Instructions

Statement of insurer. This statement must be made, on behalf of the insurance company that issued the policy, by an officer of the company having access to the records of the company.

For purposes of this statement, a facsimile signature may be used in lieu of a manual signature and if used, shall be binding as a manual signature.

Separate statements. File a separate Form 712 for each policy.

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.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We collect this information under the authority under Internal Revenue Code section 6501(d). We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to request prompt assessment; however, if you do so, you are required to provide the information requested on this form. Failure to provide the information may delay or prevent processing your request. Section 6109 requires you to provide the requested taxpayer identification numbers.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances.

The estimated average time is:

Recordkeeping . . . . . 18 hrs., 11 min.

Learning about the form . . . . . 6 min.

Preparing the form . . . . . 23 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

See the instructions for the tax return with which this form is filed. Do not send the tax form to that office. Instead, return it to the executor or representative who requested it.