

# Applicable Insurance Contracts Information Return

(For tax-exempt organizations and government entities under section 6050V)

**Part I Identifying Information.** See instructions for the required filing date.

<b>1</b> Structured transaction date (MM/DD/YYYY) / /	<b>2</b> Structured transaction identifier (STI) STI	<b>3</b> <input type="checkbox"/> Initial <input type="checkbox"/> Corrected <input type="checkbox"/> Updated						
<b>4a</b> Name of applicable exempt organization		<b>4b</b> Employer identification number						
<b>4c</b> Number and street (or P.O. box if mail is not delivered to street address)								
<b>4d</b> City or town, state or country, and ZIP + 4								
<b>4e</b> Website address ►								
<b>4f</b> State in which organized (or country, if foreign)								
<b>5</b> Organization's role in the structured transaction (check all that apply): <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Provide insurable interest <input type="checkbox"/> Other (specify) ►								
<b>6</b> Check the appropriate box identifying your type of organization: <input type="checkbox"/> Religious, charitable, scientific, literary, educational, amateur sports, or similar organization <input type="checkbox"/> Governmental organization <input type="checkbox"/> Fraternal society operating on a lodge system <input type="checkbox"/> Indian tribal government <input type="checkbox"/> Veterans' organization <input type="checkbox"/> Cemetery company <input type="checkbox"/> Employee stock ownership plan								
<b>7</b> Enter amounts received or expected to be received by your organization under the structured transaction: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>a</b> Amounts received as of the filing date of this Form 8921 . . . . .</td> <td style="width: 10%; text-align: center;"><b>7a</b></td> <td style="width: 10%;"></td> </tr> <tr> <td><b>b</b> Amounts expected to be received in the future . . . . .</td> <td style="text-align: center;"><b>7b</b></td> <td></td> </tr> </table>			<b>a</b> Amounts received as of the filing date of this Form 8921 . . . . .	<b>7a</b>		<b>b</b> Amounts expected to be received in the future . . . . .	<b>7b</b>	
<b>a</b> Amounts received as of the filing date of this Form 8921 . . . . .	<b>7a</b>							
<b>b</b> Amounts expected to be received in the future . . . . .	<b>7b</b>							

**Part II Parties to the Structured Transaction**

Attach additional sheets, if necessary	A	B	C
<b>8a</b> Name of party			
<b>8b</b> Party's social security or employer identification number			
<b>8c</b> Address of party			
<b>8d</b> Party's role in the structured transaction	<input type="checkbox"/> Creditor <input type="checkbox"/> Investor <input type="checkbox"/> Broker/advisor <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Other ►	<input type="checkbox"/> Creditor <input type="checkbox"/> Investor <input type="checkbox"/> Broker/advisor <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Other ►	<input type="checkbox"/> Creditor <input type="checkbox"/> Investor <input type="checkbox"/> Broker/advisor <input type="checkbox"/> Contract owner <input type="checkbox"/> Contract beneficiary <input type="checkbox"/> Other ►
<b>8e</b> Type of party	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other ►	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other ►	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other ►
<b>8f</b> Check box if foreign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8g</b> Check box if an applicable exempt organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8h</b> If a trust, partnership, or corporation, enter the number of beneficiaries, partners, members or stockholders			
<b>8i</b> Total amounts paid or to be paid by the party under the structured transaction			
<b>8j</b> Total amounts received by the party under the structured transaction as of the filing date			
<b>8k</b> Total amounts to be received by the party under the structured transaction in the future			
<b>8l</b> Check box if a portion or all of the amounts reported on line 8j or line 8k is to be paid from death, endowment, or annuity benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Applicable Insurance Contract Forms**

Attach additional sheets, if necessary		<b>A</b>	<b>B</b>
<b>9</b>	Contract form identifier		
<b>10a</b>	Insurer's name		
<b>10b</b>	Insurer's employer identification number (EIN)		
<b>10c</b>	State in which insurer is organized (or country, if foreign)		
<b>11</b>	Applicable insurance contract type	<input type="checkbox"/> Life insurance <input type="checkbox"/> Deferred annuity <input type="checkbox"/> Immediate annuity	<input type="checkbox"/> Life insurance <input type="checkbox"/> Deferred annuity <input type="checkbox"/> Immediate annuity
<b>12a</b>	Earliest date on which an applicable insurance contract was issued	/ /	/ /
<b>12b</b>	Latest date on which an applicable insurance contract was issued	/ /	/ /
<b>12c</b>	Number of policies issued		
<b>12d</b>	Check if contract is group insurance	<input type="checkbox"/>	<input type="checkbox"/>
<b>13a</b>	Premium structure	<input type="checkbox"/> Fixed in contract <input type="checkbox"/> Life of insured <input type="checkbox"/> ____ years <input type="checkbox"/> Discretionary	<input type="checkbox"/> Fixed in contract <input type="checkbox"/> Life of insured <input type="checkbox"/> ____ years <input type="checkbox"/> Discretionary
<b>13b</b>	Aggregate premiums: first year		
<b>13c</b>	Aggregate premiums: remaining years		
<b>14a</b>	Aggregate value of death or endowment benefits at issue date		
<b>14b</b>	Range of contract death or endowment benefits: smallest/largest	/	/
<b>15a</b>	Type of immediate annuity payments (see instructions)	<input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <input type="checkbox"/> Inflation-indexed	<input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <input type="checkbox"/> Inflation-indexed
<b>15b</b>	Aggregate monthly annuity payments at issue		
<b>15c</b>	Range of contract monthly annuity payments: smallest/largest	/	/
<b>16a</b>	Aggregate amount of policy loans		
<b>16b</b>	Aggregate amount of other contract distributions		
<b>17</b>	Investment options (check all that apply)	<input type="checkbox"/> No option <input type="checkbox"/> Guaranteed interest <input type="checkbox"/> Bond or equity funds <input type="checkbox"/> Other ►	<input type="checkbox"/> No option <input type="checkbox"/> Guaranteed interest <input type="checkbox"/> Bond or equity funds <input type="checkbox"/> Other ►
<b>18a</b>	Number of insureds: males/females	/	/
<b>18b</b>	Average age of insureds		
<b>18c</b>	Age range at issue: youngest/oldest	/	/
<b>19a</b>	Number of insureds that are donors to your organization		
<b>19b</b>	Donations received from insureds in most recently completed calendar year		

**20** Attach a description of the structured transaction for which this Form 8921 is being filed. See instructions.

**21** Attach copies of related documents, including representative copies of applicable insurance contracts issued as part of the structured transaction for which this Form 8921 is being filed. (Identify such contracts with the contract form identifiers reported in line 9.) Also include any contracts governing the obligations of persons described in lines 8a through 8l and any agreements covering the relationship of your organization to such persons. Include promotional materials (including financial projections) provided to your organization, to your donors, or to other persons who have directly or indirectly held an interest in the applicable insurance contracts.

**Part IV Signature**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Please Sign Here**

Signature of authorized person	Date
Type or print name	
Title	( ) Telephone number