

Applicable Insurance Contract Information Return
 (For Tax-Exempt Organizations and Government Entities under Section 6050V)

Part I A separate Form 8922 must be filed for each different issuer and for each different contract type and form. See instructions for the required filing date(s).

1 Structured transaction date	2 Structured transaction identifier	3a Sequence number (see instructions)	3b Check if amended <input type="checkbox"/>
4 Name of organization		Taxpayer identification number (TIN)	
Number and street (or P.O. Box if mail is not delivered to street address)			Room/Suite
City or town, state or country, and ZIP+4			
5 Name of insurance contracts issuer		Taxpayer identification number (TIN)	
Number and street (or P.O. Box if mail is not delivered to street address)			Room/Suite
City or town, state or country, and ZIP+4			

- 6** Type of applicable insurance contract
- a** Life insurance (including contracts with an endowment feature)
 - b** Deferred annuity
 - c** Immediate annuity

7 Contract form identifier _____

8a Owner(s) of the contracts: Your organization Other _____

b Beneficiaries of the contracts: Your organization Other _____

9a Are premiums fixed by the insurance contracts or at the discretion of the contract owners? Fixed Discretionary

b If fixed contracts, enter the premium term in year(s) _____, or

c If for the life of the insured, check here

10 Investment options (check all that apply):

- No option Guaranteed interest funds Bond or equity funds Other

11a Do the contracts endow? Yes No

b If "Yes," when? After _____ years, or at age _____ of the insured

For lines 12 through 15, check the boxes that apply.

12 Contracts have cash surrender values

13 Policy loans are available from these contracts

14 Partial cash withdrawals are available from these contracts

15 Contracts are immediate annuities: **a** Payments are fixed variable
b If payments are inflation indexed, check here

16 Attach representative copy of the applicable insurance contract covered by this Form 8922.

17 List insureds or annuitants covered by the applicable insurance contracts to which this Form 8922 applies. Attach additional sheets if necessary.

a Insured or annuitant covered (see instructions)

1 a Name	b Social security number (SSN)	c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	d Age
e Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ▶			f Number of insured of
2 Donations received within past 12 months from insureds	3 First-year premium or other consideration	4 Death or endowment benefit, if life insurance	5 Monthly annuity, if immediate annuity

b Insured or annuitant covered (see instructions)

1 a Name	b Social security number (SSN)	c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	d Age
e Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ▶			f Number of insured of
2 Donations received within past 12 months from insureds	3 First-year premium or other consideration	4 Death or endowment benefit, if life insurance	5 Monthly annuity, if immediate annuity

c Insured or annuitant covered (see instructions)

1 a Name	b Social security number (SSN)	c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	d Age
e Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ▶			f Number of insured of
2 Donations received within past 12 months from insureds	3 First-year premium or other consideration	4 Death or endowment benefit, if life insurance	5 Monthly annuity, if immediate annuity

d Insured or annuitant covered (see instructions)

1 a Name	b Social security number (SSN)	c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	d Age
e Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ▶			f Number of insured of
2 Donations received within past 12 months from insureds	3 First-year premium or other consideration	4 Death or endowment benefit, if life insurance	5 Monthly annuity, if immediate annuity

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e Relation to organization resulting in an insurable interest: <input type="checkbox"/> Donor <input type="checkbox"/> Other ▶			f Number of insured of
2 Donations received within past 12 months from insureds	3 First-year premium or other consideration	4 Death or endowment benefit, if life insurance	5 Monthly annuity, if immediate annuity

Part I Please Sign Here	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.	
	Signature of authorized person	Date
	Type or print name	()
	Title	Telephone number