

Part III -- Benefits Payable by an Insurance Company (to be completed by insurer)		
A consent is not necessary for straight life insurance payable to a named beneficiary other than the estate.		
Name of insured Additional room here for extra long name Full name of decedent		Owner of policy or contract
Name of insurance company	Type of policy or contract	Number of policy or contract
Address of insurance company	Value at date of death	If annuity, yearly payment
Beneficiary(s) name		Address
Relationship of beneficiary to decedent		Beneficiary(s) date of birth

Part IV -- Employment Related Benefits (to be completed by employer)	
This form is not for IRAs and Keogh Plans held in a banking institution. See ET Form 12.	
Name of employer	
Address of employer	
D.O.D. Value \$ _____ Check one: <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> Other	
Lump sum \$ _____ Annually \$ _____ Monthly \$ _____ Other \$ _____	
Beneficiary(s) name	Address
Relationship of beneficiary to decedent	Beneficiary(s) date of birth