

Policy No./s \_\_\_\_\_

Name of Annuitant: \_\_\_\_\_

**CERTIFICATE OF EXISTENCE**

(The below mentioned Form should be signed on or after \_\_\_\_\_ by the Annuitant and ATTESTED by any of the following :

Bank Branch Manager / Gazetted Officer / Registered Medical Practitioner / Post Master / School/College Principal / LIC Class-I Officer / LIC Development Officer / LIC Agent (STAMPED ALONGWITH THEIR REGISTRATION NOS./CODE NOS./AGENCY NOS.)

"I, \_\_\_\_\_ hereby certify that Shri/Smt \_\_\_\_\_ Son / Daughter of \_\_\_\_\_ personally appeared before me on \_\_\_\_\_ and has signed in my presence and his / her signature is attested below. I am fully satisfied about his/her identity".

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of the  
Certifying

Counter signature of

Annuitant \_\_\_\_\_

Authority \_\_\_\_\_  
(Stamped)

Address : \_\_\_\_\_

Designation \_\_\_\_\_

Address : \_\_\_\_\_