

SBI Life Insurance Company Limited CERTIFICATE OF EXISTENCE

| Policy/ Master Policy No: | Annuitant Name / No.: |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I hereby certi | fy that Shri/Smt |
| | |
| (Annutiant's name) son/daughter of | was alive on |
| and having personally seen him/her. | |
| Signature of Annuitant | Signature of Certifying Authority |
| Address (applicable | Name |
| only if it is changed) | Designation / Seal |
| | Date |
| Phone No Mobile No Email Id | Address |
| person of Group Master Policyholder / Bank Manag Note of Authority* (To be filled in if there is | |
| ISBLLife Insurance Co. Ltd. to credit the annu | (Annuitant's Name) hereby authorize amount to my bank account as per details given below. |
| Account No | and amount to my bank account as per actums given below. |
| | Code No |
| | ch Address |
| (Please attach a pre-printed cancelled cheque | leaf OR self attested copy of bank passbook) |
| • • | and allowed by banks as per banking regulations, EFT will ed or above stated account details are attested by branch manager of the bank ot be responsible and liable for any losses occurred due to incorrect account |
| | |

SBI Life Insurance Co Ltd., Central Processing Centre, Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai- 400 614.

Tel.: 022 6645 6000 Fax: 022 6645 6105 Website: www. Sbilife.co.in.

Regd Office: "NATRAJ", M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai – 400 069.

SBI Life Insurance Co Ltd. CLM/LB/Ver 1.02