



# Life Insurance Corporation of India

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Date: \_\_\_\_\_

To

M/s Life Insurance Corporation of India  
Annuity Section, P & GS Department  
7<sup>th</sup> Floor, Jeevan Prakash  
No.25, K G Marg  
New Delhi – 110 001

eMail id: [bo\\_g103@licindia.com](mailto:bo_g103@licindia.com)

## EXISTENCE CERTIFICATE

**Annuity No. =**

This is to certify that Shri/Smt \_\_\_\_\_ whose specimen  
signature is given below, is alive today, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Annuitant

(Name of the Annuitant: \_\_\_\_\_)

Certified By:

Signature :

Name :

Address/Seal :

P.S : The certificate is to be completed by LIC Class- I Officer/ Gazetted Officer/ Registered Medical Practitioner with Registration No. or Bank Manager with Seal.