

CERTIFICATE OF EXISTENCE

Policy/ Master Policy No:	
Annuitant No.:	
Name of Annuitant:	
Address:	
Phone No:	Mobile No:
Email Id:	
Aadhar no.	

Signature of Annuitant

(Self Attested ID Proof to be submitted)

I _____ hereby certify that Shri/Smt _____
 (Annuitant's name) son/daughter of _____ was alive on

D	D	M	M	Y	Y	Y	Y
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 and having personally seen him/her.

Name of Certifying Authority:									
Designation and Seal:									
Address:									
Date:	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Seal and Signature of Certifying Authority

(Please attach self attested address proof if any change of address is required, **request for Address change has to be submitted in person at any of the branches of SBI Life Insurance Co. Ltd.**)

Acceptable address proofs - Passport, Voter's Identity Card issued by Election Commission of India, Driving License, Aadhaar Card / Letter issued by the Unique Identification Authority of India, Utility bill which is not more than two months old of any service provider (electricity, telephone, postpaid mobile phone, piped gas, water bill), Property or Municipal tax receipt, Bank account / Post Office savings account statement, Others (please specify)

(This Form should be signed by the Annuitant before a Gazetted Officer / Registered Medical Practitioner with Registration No. / Post Master / Head Master of the School / Officer of SBI Life above Assistant Manager / Authorized person of Group Master Policyholder / Bank Manager or Officer with his Specimen Signature with Seal)

Note of Authority* (Please attach a pre-printed cancelled cheque leaf OR self attested copy of bank passbook in case of bank details different from recorded one. If no change please just mention the details below without any proof)

I _____ (Annuitant's Name) hereby authorize SBI Life Insurance Co. Ltd. to credit the annuity amount to my bank account as per details given below.

Account No:	
Type of Account:	IFSC Code no:
Bank Name:	
Branch Address:	

***Disclaimer** - Please note direct transfer to be made only if otherwise possible and allowed by banks as per banking regulations, EFT will be possible only if either a cancelled cheque leaf is attached or above stated account details are attested by branch manager of the bank where the bank account is being maintained. SBI life will not be responsible and liable for any losses occurred due to incorrect account details provided by policyholder.