



SBI Life Insurance Company Limited
CERTIFICATE OF EXISTENCE

Policy/ Master Policy No: _____ Annuitant Name / No.: _____

I _____ hereby certify that Shri/Smt _____

(Annuitant's name) son/daughter of _____ was alive on _____

and having personally seen him/her.

Signature of Annuitant _____

Signature of Certifying Authority _____

Address (applicable _____
only if it is changed) _____

Name _____

Designation / Seal _____

Date _____

Phone No _____ Mobile No _____

Address _____

Email Id _____

(Please attach self attested address proof if any change of address is required)

Acceptable address proofs - Telephone Bill/ Bank Pass-Book /Electricity bill/ Ration Card/ Letter from Recognized Public Authority/ Employer's Certificate/ Valid Lease Agreement.

(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 No.)

Note of Authority* (To be filled in if there is change in Bank Account Details)

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 _____ IFSC Code No. _____

Bank Name _____ Branch Address _____

(Please attach a pre-printed cancelled cheque leaf **OR** self attested copy of bank passbook **OR** note of authority attested by Branch Manager of the bank)

Signature with Stamp: _____

Full Name with designation & SS NO: _____

***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.**