

CERTIFICATE OF EXISTENCE

Policy/ Master Policy No:	
Annuitant No.:	
Name of Annuitant:	
Address:	
Phone 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"><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:	
Bank Name:	
Branch Address:	

IFSC Code no:

Aadhaar Consent:

I, < Name of the Customer >, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

***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.**