

## CERTIFICATE OF EXISTENCE

### TO BE FILLED BY ANNUITANT

Policy No

Name of the Annuitant

### PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

To whomsoever it may concern, "I, \_\_\_\_\_  
hereby certify that Mr/Mrs/Ms \_\_\_\_\_ personally appeared \_\_\_\_\_  
before me on. I also confirm that this document has been signed in my presence and the signature is attested below. I am fully satisfied about his/her identity  
and has been verified on the basis of \_\_\_\_\_ (Please specify Photo ID Seen).

Signature of the Annuitant \_\_\_\_\_

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

Place : \_\_\_\_\_

Signature of the Authority \_\_\_\_\_

Name and Designation : \_\_\_\_\_

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

Address : \_\_\_\_\_

#### The Form should be signed by the Annuitant and ATTESTED by any of the following:

- Bank Branch Manager
- Branch Manager of GCLI
- Gazetted Officer
- Registered Medical Practitioner
- Post Master / School/College Principal
- Officer of any Government, Semi Government, Quasi Government, Government Undertaking, Public Sector Undertaking