

Annuity Provider	Submission of Existence/Life Certificate: (Periodicity in years)			
	Annuity for Life (LA)	Joint Annuity for Life (JLA)	LA ROC	JLA ROC
LIC*	1	1	5	5
SBI Life*	1	1	1	1
Bajaj Allianz*	1	1	1	1
HDFC Life*	1	1	3	3

* Depending upon the annuity option (LA, JLA, LAROC, JLAROC) Life certificates can be submitted to nearest branch of respective annuity providers. (Not to be sent to BHEL offices including Corporate Office)



IPP CELL _____ Zonal Office.
Address / Tel.Nos./ Email ID

Ref :

Date :

To,
The Annuitant,
Name & Address

Dear Sir / Madam,

Re : Certificate of Existence
under Annuity Policy No./s

This is to inform you that the requirement of Certificate of Existence has become due. **We are happy to inform you that LIC has enhanced your convenience by providing the facility for submission of Existence Certificate to any of the LIC Branch Office and availing of an instant acknowledgement at the Help Desk Counter of the Branch without any hassle or else you may submit the Certificate at the IPP Cell at the above mentioned address.**

It may be noted that payment of Annuity is effective as per the following :

Policy No./s

Due Date/s

Thanking You,

Yours Faithfully,

On behalf of IPP Cell.

(Since this is a computer generated output, signature is not required)

Policy No/s. _____

Name of the Annuitant: _____

CERTIFICATE OF EXISTENCE

(The below mentioned Form should be signed on or after _____ by the Annuitant and ATTESTED by any of the following :

Bank Branch Manager / Gazetted Officer / Registered Medical Practitioner / Post Master / School/College Principal / Class-I Officer of any Government, Semi Government, Quasi Government, Government Undertaking, Public Sector Undertaking / LIC Development Officer / LIC Agent (STAMPED ALONGWITH THEIR REGISTRATION NOS./CODE NOS./AGENCY NOS.)

"I, _____ hereby certify that Shri/Smt _____ Son / Daughter of _____ personally appeared before me on _____ and has signed in my presence and his / her signature is attested below. I am fully satisfied about his/her identity".

Dated at _____ this _____ day of _____ 20____.

Signature of the Certifying _____ Counter signature of _____

Annuitant _____ Authority _____

(Stamped)

Address : (Same/New) _____ Designation _____

Address : _____

Annuitant's Email ID : _____

Resi.Tel.No. _____ Mobile No. : _____

The mandatory requirement of EXISTENCE CERTIFICATE after Vesting as per Options is:

A/G/H/I- Yearly

B/C/D/E- Yearly (after completion of Guaranteed Period)

F- Once every 5 years.

Sent to Address :

Shri Pradheep Kumar Jain,
Branch Manager,
Life Insurance Co. of India,
P & GS Deptt., Delhi Do-I
6th Floor, Teewan Prakash Building, 25, KG Marg, New Delhi -110001

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:

D	D	M	M	Y	Y	Y	Y
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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.**

Declaration – Annuity Life Certificate	
DD/MM/YYYY _____	
To: HDFC Standard Life Insurance Company Limited	
Declaration - Annuitant	
I am the Annuitant under the policy no. _____ issued by HDFC Life. The said Annuity Policy has been issued on my life. In order to ascertain the eligibility of the annuity payment, I am required to provide a proof of Life Certificate. Accordingly, I hereby declare my Life as on the date of this declaration. I have made this declaration with full knowledge of the terms and conditions of the annuity contract and with an independent and sound state of mind.	
Signature of Annuitant: _____ Date: _____ Place: _____	
Details of the Witness	
This declaration must be witnessed by any of the following: -	
Designated Official of the local Indian Embassy+ Other Indian Diplomatic Representative+ Notary Public or Justice of Peace+ Medical Examiner+ HDFC Life Branch manager Advocate in Whole-time Practice Bank Manager	Block Development Officer Family Doctor Gazette Officer In case of students, by the Dean/Principal of his/her college+ Head Post Master or Departmental Sub-Post Master, Magistrate or President of a Village or Local Body
The witness must affix his Office Seal below his signature. + Applicable for NRI/PIO/OCI customers	
Name: _____ Designation: _____	
Signature of Witness: _____ Date: _____	
Address: _____	
Contact No*: Mobile _____ / (STD/ISD Code) _____ /	
Customer Acknowledgement Copy (Life Certificate)	
Policy No: _____ Policyholder Name: _____	
Branch: _____	Date: _____ Time: _____
Branch Stamp	
View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement, Do a Fund Switch, Revive your policy & lots more! Visit www.hdfclife.com & register for My Account today!	
For more details, call us on our helpline number 18602679999 (local charges apply) DO NOT prefix any country code e.g. +91 or 00. Helpline is available all 7 days from 9am to 9pm Email us at service@hdfclife.com SMS SERVICE to 5676727 (charges apply) Visit www.hdfclife.com	

Insurance is the subject matter of the solicitation.
HDFC Standard Life Insurance Company Limited
 In partnership with Standard Life plc. IRDAI Regn. No. 101
 Communication Address: 11th Floor, Lodha Excelus, Apollo Mills Compound,
 N M Joshi Marg, Mahalaxmi, Mumbai – 400011
 Regd. Office: Lodha Excelus, 13th Floor, Apollo Mills
 Compound, N M Joshi Marg, Mahalaxmi, Mumbai – 400011

Call **1860-267-9999** (local charges apply).
 DO NOT prefix any country code e.g. +91 or 00.
 Available all 7 days from 9am to 9pm
 SMS – **SERVICE** to **5676727** (charges apply)
 Email – service@hdfclife.com
 Visit – www.hdfclife.com
 MSCNO291521051414
 CIN No. U99999MH2000PLC128245



CERTIFICATE OF EXISTENCE

FROM:
MR/ MRS/ MISS

Annuity policy no _____

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.....
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Re: Certificate of Existence under Annuity policy no _____

I _____ (Name of attesting authority)
hereby certify that _____ (Name of the Annuitant)
Son/ Daughter of Shri _____ personally appeared before
me on _____ (date) and signed in my presence and his/ her signature is attested below.

I am fully satisfied about his/her identity.

Signature of Annuitant

Phone no: _____

PLACE: _____

DATE: _____

Counter Signature of Attesting Authority (with stamp)

Designation: _____

Note: This Form should be signed by the Annuitant and ATTESTED by any of the following:

- Bank Branch Manager
- Gazetted Officer
- Registered Medical Practitioner
- Post Master
- Government School/ College Principal
- Class-I Officer of any Government, Semi Government, Quasi Government, Government Undertaking, Public Sector Undertaking
- Any Bajaj Allianz Life Insurance Co Ltd Branch Manager, operation in-charge

Receive timely pension payout by completing the "Existence Check" process at the earliest:

1. Fill the enclosed Life Verification Certificate
2. Attach a copy of your Photo ID (PAN Card, Passport, Voter's ID, Driving License)
3. Get the Life Verification Certificate and Photo ID attested by any one of the following:
 - a. Employee of ICICI Prudential Life Insurance Co. Ltd.
 - b. Post Master
 - c. Principal of School / College
 - d. Present / Last Employer (Submit separate declaration on the Company Letterhead, confirming employment)
 - e. Gazetted Officer
 - f. Bank Manager
4. Send us the attested documents in any of the following ways:
 - a. Submit it at your nearest ICICI Prudential Life Insurance Branch*
 - b. Email the scanned copy to myannuity@iciciprulife.com
 - c. Send it by courier to: Group Annuity Helpdesk, ICICI Prudential Life Insurance Co. Ltd., Vinod Silk Mills Compound, Chakravarty Ashok Road, Ashok Nagar, Kandivili (East), Mumbai 400101.

* For details on your nearest branch, please send an SMS BRCH [Your pin code] to 56767. For example, if your pincode is 400101, your SMS will be BRCH 400101.

Policy No.

This is to certify that Mr./ Mrs./ Ms.

has signed this certificate physically in my presence on

I confirm that the annuitant has remarried not remarried (Applies only to Joint Life, where co-applicant is availing annuity on demise of main applicant)

Verifier's Details (please fill in the appropriate row):

Category	Name of Institution	Employee Code	Name	Signature & Stamp
ICICI PruLife Employee	NA			
Post Master				
Principal of School/ College				
Employer				
Gazetted Officer				
Bank Manager				

If your address differs from the one in our records please visit the nearest ICICI Prudential Life Insurance branch. A written request and self attested photocopy of address proof (Electricity/Telephone Bill/ Bank Statement/ Ration Card/Passport/Driver's License) will be required to effect the change. You can also email us at myannuity@iciciprulife.com with scanned copies of the relevant documents.

Change of Contact Details:

Phone:

Mobile:

E-mail:

Annuitant's Signature