



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.