

## Proof of Living Certificate

Policy No(s). \_\_\_\_\_

Date :

Name of the Annuitant: \_\_\_\_\_

"I, \_\_\_\_\_, hereby certify that Shri/Smt/Master/Miss \_\_\_\_\_  
 \_\_\_\_\_ Son/ Daughter of \_\_\_\_\_ has personally  
 appeared before me on  (dd/mm/yyyy) and has signed this certificate in my  
 presence by Annuitant or by legal guardian if Annuitant is minor. I have seen his/her identity proof as  
 such I am fully satisfied with the identity of Annuitant".

Place \_\_\_\_\_

Dated ( dd/mm/yyyy)

Signature of the

Counter signature of certifier

Annuitant \_\_\_\_\_

Name \_\_\_\_\_

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

Designation \_\_\_\_\_

\_\_\_\_\_

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

Annuitant's Email ID: \_\_\_\_\_

Mobile No.

Resi.Tel.No. :  ----

Signature of the legal guardian (in case Annuitant is a minor) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

This document shall be attested by any of the following:

Bank Branch Manager / Gazetted Officer / Registered Medical Practitioner (Stamped along with their code numbers; medical council registration numbers)/ Notary

Please submit the self attested a copy of any of the following Identification Proof along with this document.

- Driving Licence       Passport    PAN Card    Aadhar Card    Voter Identification Card  
 Others

**IMPORTANT:** THIS CERTIFICATE ALONG WITH THE SELF ATTESTED IDENTIFICATION PROOF IS TO BE SUBMITTED WITH THE COMPANY AT LEAST 30 (THIRTY) DAYS BEFORE THE END OF THE POLICY YEAR FAILING WHICH, NO ANNUITY SHALL BE PAYABLE BY THE COMPANY.