

SBI Life Insurance Company Limited CERTIFICATE OF EXISTENCE

Policy/ Master Policy No:	Annuitant Name / No.:
I here	by certify that Shri/Smt
(Annuitant's name) son/daughter of	was alive on
and having personally seen him/her.	
Signature of Annuitant	Signature of Certifying Authority
Address (applicable	Name
only if it is changed)	Name
	Date
Phone No Mobile No	Address
Email Id	
Registration No. / Post Master / Head Maste person of Group Master Policyholder / Bank	nt before a Gazetted Officer / Registered Medical Practitioner with r of the School / Officer of SBI Life above Assistant Manager / Authorized & Manager or Officer with his Specimen Signature No.) there is change in Bank Account Details)
Account No	_ IFSC Code No

*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.

SBI Life Insurance Co Ltd., Central Processing Centre, Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai- 400 614.

Tel.: 022 6645 6000 Fax: 022 6645 6105 Website: www. Sbilife.co.in.