

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.

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

Policy No./s

Due Date/s

Thanking You,

Yours Faithfully,

Asstt. Secretary (IPP Cell)/ Sr./Branch Manager

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

Policy No/s._____

Name of the Annuitant:_____

CERTIFICATE OF EXISTENCE

	should be signed on or after nuitant and ATTESTED by any of the
following : Bank Branch Manager / Gaze Practitioner /Post Master / Officer of any Government, Government Undertaking, P	etted Officer / Registered Medical School/College Principal / Class-I Semi Government, Quasi Government, ublic Sector Undertaking / LIC IC Agent (STAMPED ALONGWITH THEIR
"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 attest	ted below. I am fully satisfied about
his/her identity".	
Dated at this _	day of20
Signature of the Certifying	Counter signature of
Annuitant	Authority
Address :(Same/New)	(Stamped) Designation
	Address :
Annuitant's Email ID :	
Resi.Tel.NoM	obile No. :
The mandatory requirement of as per Options is : A/G/H/I- Yearly B/C/D/E- Yearly (after comple F- Once every 3 years.	