LIFE INSURANCE CORPORATION OF INDIA, CENTRAL OFFICE

SHRI/SMT._________________________ S.R. NO.__________FILE NO.:_______

CERTIFICATE OF EXISTENCE

As on 1st August every year

I, ____________________________ hereby certify that the pensioner
Shri/Smt._________________________ S.R. No. __________________________
is seen by me in person on date. His/Her signature below is attested by me and I am fully satisfied about his/her identity.

Dated at ________________ this ____________ day of ____________ 200

(Signature of the Pensioner) Counter signature of Certifying Authority
Name :____________________________________

SR No. ____________________________
Designation : __________________________
Address: ______________________________

____________________________________

SEAL:

NOTE: This certificate should be signed by a Class I Officer of the L.I.C. or a Gazetted Officer or a Registered Medical Practitioner, Employees of the Corporation in the cadre of HGA/Development Officer with five years of service or an officer of any Bank where an account is maintained by the pensioner.