SUD LIFE

A joint venture of

Bank of India | Union Bank of India | Dai-ichi Life

# CERTIFICATE OF EXISTENCE

**Receive timely Annuity payout by completing the below mentioned "Existence Certificate" process at the earliest:**

1. **Fill the Certificate of Existence (below)**
2. **Carry your original Photo ID (E.g. PAN Card, Passport, Voter's ID, Driving License) with you and get it attested from any one of the following:**
   a. Post Master
   b. Head Master/Principal of School/College
   c. Bank Manager with the stamp and seal of the bank
   d. Employee of SUD Life Insurance Company Limited
   e. Gazetted Officer
   f. Medical Practitioner with his registration number
   g. Present/Last Employer (Submit separate declaration of Company Letterhead confirming employment along with attested Life Verification certificate)
3. **Send us the filled and attested Life Verification Certificate in any of the following ways:**
   a. Email the scanned copy to customercare@sudlife.in
   b. Submit it at your nearest SUD Life Insurance Branch
   c. Sent it to us at Star Union Dai-ichi Life Insurance Company Limited, 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

In case of any queries, please call our Customer Service toll-free number 1800-266-8833 (9.00 am to 7.00 pm Mon to Sat) or email us at customercare@sudlife.in

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Policy No. | | | | | | | | |

This is to certify that Mr./Mrs./Ms. _____

has signed this certificate physically in my presence on D D M M Y Y Y Y

**Verifier's Details (please fill in the appropriate row):**

| CATEGORY | Name of Institution | Name (Employee code in case of Sud Employee) | Signature & Stamp |
|---|---|---|---|
| SUD Life Employee | | | |
| Post Master | | | |
| Head Master/Principal of School/ College | | | |
| Bank Manager | | | |
| Employer | | | |
| Medical Practitioner | | | |
| Gazetted Officer | | | |

**Change of Contact Details:**

Phone: C O D E | | | | | | | | | Mobile: | | | | | | | | | |

E-Mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Note of Authority*** (Please attach a pre-printed cancelled cheque leaf OR self-attested copy of bank passbook if there is any change in your bank details. In case there is no change, please mention the details below without any proof.)

Account No.: | | | | | | | | | | | | Type: | | | | | | | | | | | | |

IFSC Code No.: | | | | | | | | | | | | Bank Name: | | | | | | | | | | | | |

Branch Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Annuitant's Signature:** _____

SUDPS/ExistCert/042022/ver3




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**Protecting Families, Enriching Lives!**