

## LIFE INSURANCE CORPORATION OF INDIA

Policy No./	S.,	
Name of Ar	nnultant :	
LIF	E CERTIFICATE	
ATTESTED by any of the following Bank Branch Manager / Gazetted College Principal / Class-1 Officer of Government Undertaking, Public St	I be signed on or afterby the Annuitant and  J:-  Officer / Registered Medical Practitioner / Post Master / School /  of any Government , Semi Government , Quasi Government ,  Sector Undertaking / LIC Officer / LIC Development Officer /  H THEIR REGISTRATION NOS./ CODE NOS./ AGENCY NOS.)	
" l,	hereby certify that	t
Shri/ Smt	son / daughter	E
of	personally appeared before me on	ŀ
and has signed in my	presence about his/her signature is attested below. I am fully	,
satisfied about his/her identity."		
	thisday of20	
Signature of the	Counter signature of Certifying	
Annuitant	Authority	•
	(Stamped)	
Address :	Designation	•
************************************	Address :	•
***************************************		•
Resi. Tel. No		
- · · · · · · · · · · · · · · · · · · ·	E CERTIFICATE after Vesting as per Options is :	
A / G / H / I  — Yearly B / C / D / E  — Yearly (after compl	etion of Guaranteed Period)	
E (Plan 122) — Yearly		
F/J – Once every 5 years	•	