



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

CERTIFICATE OF EXISTENCE

TO BE FILLED BY ANNUITANT

Policy No

Name of the Annuitant

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

To whomsoever it may concern, "I, _____
hereby certify that Mr/Mrs/Ms _____ personally appeared _____
before me on. I also confirm that this document has been signed in my presence and the signature is attested below. I am fully satisfied about his/her identity
and has been verified on the basis of _____ (Please specify Photo ID Seen).

Signature of the Annuitant _____

Date : _____

Place : _____

Signature of the Authority _____

Name and Designation : _____

Date : _____

Address : _____

The Form should be signed by the Annuitant and ATTESTED by any of the following:

- Bank Branch Manager
- Branch Manager of FGI
- Gazetted Officer
- Registered Medical Practitioner
- Post Master / School/College Principal
- Officer of any Government, Semi Government, Quasi Government, Government Undertaking, Public Sector Undertaking