IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

Survival Certificate

Receive timely pension pay out by completing the below mentioned "Existence Verification" process at the earliest:

1. Fill the Survival Certificate (below)
2. Carry your original Photo ID (e.g. PAN Card, Passport, Voter's ID, Driving License) with you and get it verified from any one of the following:
   a. Bank Manager
   b. IndiaFirst Branch Official
3. Send us the filled and attested Survival Certificate in any of the following ways:
   a. Email the scanned copy to customer.first@indiafirstlife.com
   b. Send it to us at Customer Service, IndiaFirst Life Insurance Co Ltd, 301 B Wing, TRIL IT4, Infinity IT Park, Dindoshi Filmcity Road, Malad East, Mumbai 400097.
   c. Submit at the nearest IndiaFirst Branch.

The Existence Verification activity is conducted annually on Policy Anniversary. You can aid us to serve you better by proactively providing us the Survival Certificate 30 days prior to your Policy Anniversary.

In case of any queries, please call Customer Service on 1800 209 8700 or email us at customer.first@indiafirstlife.com or Visit www.indiafirstlife.com

Policy No. Date: D D M M Y Y Y Y

Policyholder Name Mr ☐ Mrs ☐ Miss ☐

Mobile No: Residence No: Office No:

Email Id:

Contact details mentioned above will be updated in our records for further communication

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

Photo Id Proof Verified: ☐ PAN Card ☐ Passport ☐ Aadhaar Card ☐ Driving License ☐ Voter Id ☐ Others

Certified by: ☐ IndiaFirst Branch Official ☐ Bank Manager

Name of the Institution:

Name of the Official:

Designation:

Employee Code:

Signature & Stamp of Verifying Authority

Declaration by Policyholder

Signature/Thumb impression of Policyholder | Place | Date: D D M M Y Y Y Y

Vernacular Declaration (to be filled if the Policyholder is illiterate/signed in a vernacular language)

I, hereby declare that I have explained the contents of this form to the Policyholder in _____ language, that the Policyholder has signed/affixed thumb impression in my presence, after fully understanding the contents thereof.

Name and Signature of Declarant | Name and Signature of Witness | Place

IndiaFirst Life Insurance Company Ltd.,
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