Providence

Payment Change Request Form

Please Select One Option	Type of Action	Sections to Complete
☐	I would like to change my premium frequency.	1, 2 and 6
☐	I would like to update my credit card details.	1, 3 and 6
☐	I would like to change my premium payment method from bank standing order to credit card.	1, 3 and 6
☐	I would like to change my premium payment method from credit card to bank standing order.	1, 4, 5 and 6
☐	I would like to change my bank account details.	1, 4, 5 and 6

Section 1. Policy Details

Policy number		
	First Policyholder	Second Policyholder
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Surname (as shown on ID / passport)		
First name (as shown on ID / passport)		

Section 2. Payment Frequency Change

Please complete this section if you would like to change your **premium frequency mode**.

Current premium frequency mode	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually
New premium frequency mode	☐ Monthly	☐ Quarterly	☐ Semi-Annually	☐ Annually

Authorisation

I/We authorise Providence Life Limited, PCC, until further notice in writing, to change my/our premium frequency mode at the next premium collection date.

	First Policyholder	Second Policyholder
Signature		
Date (DD-MM-YYYY)	- -	- -

Section 3. Card Payment Method

Credit cards can only be used for regular premiums. If you wish to make a single premium payment, please remit the payment via bank transfer. For assistance regarding our bank details, contact us at admin@providence.life.

Important Information

1. A secure payment link will be sent to the cardholder's email provided below via Providence Collect (www.providencecollect.com), our authorised facilitator for premium collection on behalf of Providence Life Limited, PCC.
2. You will receive the secure payment link from premiums@providencecollect.com, and you must use that link to enter your card details directly with our secure payment processor.
3. Your card provider will place a temporary $1 (or currency equivalent) hold on your card for verification. This hold will be released and the $1 will be refunded once verification is complete. You may receive an SMS or email from your card company regarding this hold.

We can only accept Visa or Mastercard issued by a regulated bank.

Authorisation

I authorise Providence Life Limited, PCC ("Providence") and any appointed payment providers, including third parties or wholly owned subsidiaries acting under a service agreement with Providence, until further notice in writing, to debit my credit/debit card account, using the card details that I provide through the payment link issued by the appointed payment provider, with unspecified amounts in respect of my Providence policy premiums as and when they fall due, and in respect of any charges for the collection of the premiums by credit/debit card that are passed on to me by Providence.

Details of current rates of charges are available on request. Please note that Providence is not liable for any losses arising as a result of action taken by the card holder's credit card company.

Pre-check Information

These details allow us to perform a preliminary underwriting review before a secure payment link can be sent to you.

Type of card (We do not accept prepaid or exchange credit cards)	○ Visa	○ Mastercard
Name of bank issuer		
Country of issue		
Card holder's name		
Card holder's email address		
Card holder's address (As held by credit card company)		

I confirm that the card details provided are for my own credit or debit card and not for a prepaid card, and I understand that prepaid cards are not accepted.

I understand that Providence and any appointed payment providers, including third-parties or wholly owned subsidiaries acting under a service agreement with Providence, may charge my card multiple times in attempt to collect any premiums that are overdue on my Providence policy. I understand that this authority will remain in force until such time as I cancel it in writing.

Signature

Date (DD/MM/YYYY)				
	/		/	

Please note: We may request additional details to process your premium.

Section 4. Bank Standing Order Payment Method

Authorisation

I authorise Providence Life Limited, PCC, until further notice in writing, to change my/our current method of payment to bank standing order as detailed below, in respect of the premiums for my Providence policy as and when they fall due and in respect of charges for collection of the premiums by bank standing order that are passed onto me by Providence.

Bank name	
Bank address	
IBAN (Bank A/C number if IBAN not available)	
SWIFT code	
Account holder's name	
Years account held	

*If the account is held for less than 1 year then the previous bank details are also required. Please photocopy this page and attach if necessary.

Please tick this box if additional information is attached. ☐

Account holder's signature

Date (DD-MM-YYYY)

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If the premiums are being remitted through Electronic Money Institution (EMI), please complete the following:

Account holder name(s)	
EMI bank / Institution name	
EMI account address	
EMI account country	
IBAN	
SWIFT Code / Sort Code	

Section 4. Bank Standing Order Payment Method (continued)

Funding Bank Account Details

Account holder name	
Bank name	
Bank account address	
Bank account country	
IBAN	
SWIFT Code / Sort Code	

Section 5. Reason(s) for Changing Bank Details

Section 6. Declaration/Data Protection

- I/We understand that the personal information that I/We supply may be held and used by the Company in the following ways:
    - To process, evaluate and administer the contracts/Policies/claims;
    - To prevent and detect fraud and financial crime; and
    - To perform accounting, statistical and research activities,
- I/We also understand that to carry out the above the Company may need to pass the information to:
    - Any Providence Group companies, re-insurers, reference agencies, third parties who provide relevant services to the company and my/our relevant financial professional;
    - Countries outside of Mauritius that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
    - Public bodies including the police, or insurers' database; and
    - Any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.
- I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.
- I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.
- I/We confirm that this/these signature/s is/are mine/ours as policyholder(s) or that/those of my/our appointed legal representative(s).
- I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this application.
- I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it necessary to seek clarification regarding any part of the certification.
- I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.
- I/We agree to inform the Company in writing of any change to the information provided in this application. I/We also agree to inform the Company of any change of name, address, etc that may occur during the life of this policy.
- I/We consent to and understand Providence seeking independent verification (if considered necessary) of any information given in this application.
- I/We confirm that I/We have read and agree with the content of the Declaration/Data protection section.

I/We understand that the Group companies, and companies that they become associated with, may share the information so that they can contact me/us by mail/email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

I/We will not be contacted in this way if I/we tick here. ☐

	First Policyholder / Trustee / Authorised Signatory	Second Policyholder / Trustee / Authorised Signatory
Signature		
Date (DD/MM/YYYY)	/ /	/ /

Providence is the business name of Providence Life Limited, PCC. The Company does not offer advice. The Company is not authorised to offer insurance products for sale in the United States. Materials are not intended as an offer of insurance and do not constitute an offer or a solicitation of an offer to buy insurance in any other country or other jurisdiction in which it is unlawful to make such an offer or solicitation. Providence Life Limited, PCC is incorporated as a Protected Cell Company in the Republic of Mauritius, is granted a Category 1 Global Business License pursuant to section 72(6) of the Financial Services Act and issues linked long term insurance products under the license Long-Term Insurance Business Licence No. C109007268 pursuant to Section 11 of the Insurance Act 2005 and the Financial Services (Consolidated Licensing and Fees) Rules 2008. Registered office: Providence Life Limited PCC, Level 4, Mindspace SBI Tower, Cybercity, Ebene, Mauritius. Telephone: +230 466 7070 | Fax: +230 465 0077 | Email: admin@providence.life