

Payment Change Request Form

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

Section 1. Policy Details

Policy number

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First Policyholder

Second Policyholder

Title

Mr

Mrs

Miss

Ms

Mr

Mrs

Miss

Ms

Other

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 use a different payment method. For assistance regarding our bank details, contact us at admin@providence.life.

As a part of the enhanced security card checks, we will create a token to collect your premiums. This involves your card provider placing a temporary hold of \$1 (or currency equivalent) on your card to verify that Providence is genuine. This hold will be released once the verification is complete, and the \$1 (or currency equivalent) will be refunded to your card. You may receive an SMS or email from your card company regarding this hold. Providence cannot determine the exact text that your credit card company will use.

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

Authorisation

I authorise Providence Life Limited, PCC, until further notice in writing to debit my credit/debit card account, as detailed below, with unspecified amounts in respect of the premiums for my Providence Life Limited, PCC policy as and when they fall due and in respect of any charges for the collection of the premiums by credit/debit cards that are passed onto me by Providence Life Limited, PCC.

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

Card Details

Type of Card
(We do not accept prepaid or exchange credit cards)

VisaMastercard

Name of bank issuer

Currency of card

Country of issue

Credit card expiry date
(DD-MM-YYYY)

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Credit card number

Card holder's name

Card holder's email address

Card holder's address
(As held by credit card company)

I understand that Providence Life Limited, PCC may charge my card multiple times in attempt to collect any premiums that are overdue on my policy. I understand that this authority in favour of Providence Life Limited, PCC will remain in force until such time as I cancel it in writing.

Card holder's signature

Date (DD-MM-YYYY)

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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)

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. Declaration

State reason(s) for change in bank account.

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