Life Assured Addition/Removal Request Form

Instructions for completing the form

- This form must be completed if a new life assured is to be added to a policy or if an existing life assured is to be removed from the policy.
- It must also be completed if the life assured is different from the policyholder(s).
- Please use blue or black ink and write clearly in CAPITAL letters.
- When submitting this form to Providence Life Limited, PCC (Providence), please ensure the following documents are included for all lives assured listed:

For Addition of Life Assured

- Proof of Identity – Valid certified copy of new life assured's passport/ID card.
- Proof of Address – Valid certified copy of new life assured's residential address issued within the last three (3) months.
- Proof of Relationship – Required if a dependent or legal guardian is involved.

For Removal of Life Assured

- Legal document required to support the removal of the life assured (e.g. Death Certificate, Divorce Certificate / court-issued Divorce Decree etc.)

Change Limitations

Please review the following rules before submitting your request. Change requests must comply with the policy type and its limitations:

Single Life Policy

- The sole life assured cannot be removed and replaced with a new life assured.
- A new life assured can be added, but the policy must be converted to a Joint Life Second Death basis.
- The policy cannot be changed to a Joint Life First Death basis.

Joint Life First Death Policy

- The older life assured can be removed, and the policy converted to a Single Life basis.
- The younger life assured cannot be removed to convert the policy to Single Life.
- The basis can be changed from Joint Life First Death to Joint Life Second Death, with the existing lives assured.

Joint Life Second Death Policy

- Neither the older nor the younger life assured can be removed to convert the policy to Single Life.
- The policy cannot be changed to a Joint Life First Death basis.

The addition of a life assured is not permitted for individuals who are:

- Residents or nationals of Mauritius
- Residents of select European countries
- Non-resident US taxpayers, US tax residents, and US citizens
- Residents of countries on Providence's red list

Section 1. Purpose of this Form

Please select the appropriate option to indicate the purpose of your request.

Kindly complete Section 3 with the details of the life assured to be added / removed.

☐ Addition of Life Assured ☐ Removal of Life Assured

Kindly specify the reason for this request.

Note: Additional requirements may be requested depending on the reason provided.

Section 2. Policy Details

Policy number				
Policy basis	○ Single life	○ Joint life first death	○ Joint life last death	
Policy type	○ Direct	○ Trust (must be signed by the trustees)		
Trust name (if applicable)				

	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)		
Address (please ensure this matches with the proof of address provided)		
Telephone number (Include international country code)		
Mobile number (Include international country code)		
Email address		

Section 3. Requested Policy Amendments

	First Life Assured	Second Life Assured
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Surname (as shown on ID card/passport)		
First name (as shown on ID card/passport)		
Previous names (if applicable)		
Date of birth (DD-MM-YYYY)	- -	- -
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Marital status		
Residential address (please ensure this matches with the proof of address provided)		
Email address		
Telephone number (include international country code)		
Mobile number (include international country code)		
Primary nationality (please ensure this matches with the proof of identity provided)		
Do you hold dual nationality	☐ Yes ☐ No	☐ Yes ☐ No
Second nationality/citizenship		
Passport/ID card number of second nationality (if applicable)		
Please state the relationship between the lives assured (e.g. husband and wife)		

Section 4. 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 / Authorised Signatory	Second Policyholder / Authorised Signatory
Signature		
Date (DD/MM/YYYY)	/ /	/ /

	First Life Assured	Second Life Assured
Signature		
Date (DD/MM/YYYY)	/ /	/ /

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