Fee Cancellation Form

Service Management and/or Investment Adviser

Completing this form:

- This form is for policyholders who wish to authorise Providence Life Limited, PCC (Providence) to cancel the payment of one or both of the following fees:
  - Service Management Fee - paid to the introducer servicing the policy
  - Investment Adviser Fee - paid to the investment adviser providing advice on the policy
- By completing this form you will be authorising Providence to cancel the payment of the fee(s) from your policy.
- We can only accept original written instructions that have been signed by all policyholders, trustees or authorised signatories.
- The Service Management Fee and Investment Adviser Fee are independently agreed between you and your introducer/investment adviser and do not constitute fees levied by Providence.

Section 1. Policy Details

Policy number	
Introducer / Investment Adviser Company Name	

Section 2. Fee Cancellation Selection

Please tick the fee(s) you wish to cancel:

☐ Service Management Fee ☐ Investment Adviser Fee

1. I/We refer to the payment authorisation and instruction currently in place for the following fee(s) associated with the above policy:
   i. Service Management Fee
   ii. Investment Adviser Fee
2. I/We hereby inform Providence that we wish to cancel this payment authorisation and instruction, and I/we hereby instruct Providence to stop the further accrual and payment of any such fee(s) with immediate effect.
3. I/We acknowledge that the cancellation or revocation instructions from me/us contained in this notice shall not affect the validity of any payment of fee(s) initiated by Providence prior to receipt and confirmation by Providence of this notice.
4. I/We further acknowledge that the cancellation or revocation instructions from me/us contained in this notice shall not affect any accrued fee(s) which relates to valuation periods prior to the effective date of this notice.

Section 3. 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
Name		
Signature		
Trust/company name (if applicable)		
Date (DD/MM/YYYY)	/ /	/ /

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