Deed of Assignment Form

Note:

Please submit all documents mentioned below to complete the assignment of your policy:

- Completed and signed Deed of Assignment Form.
- Certified passport copy of the policyholder(s) - the assignor(s). If the policy is held in trust, certified passport copies of the life/lives assured is required.
- Certified passport copies of the assignee(s).
- Proof of address of the assignee(s).

Use blue or black ink and write clearly in CAPITAL letters.

The deed of assignment is made on:

Date ☐☐☐☐☐☐☐☐☐☐

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)		
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 2. Introducer Details

Company name			
Introducer name			
Telephone number (Include international country code)			
Office		Region	
Signature		Email address	
		Date (DD-MM-YYYY)	- -

Section 3. Assignee Details

☐ Tick here if the assignee(s) are to become the sole life/lives assured.

	First Assignee	Second Assignee
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Surname (as shown on ID / passport)		
First name (as shown on ID / passport)		
Previous names (if applicable)		
Passport or ID card number		
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. Assignee Details (continued)

In case the assignee is a trustee, please fill the following details:

Name of trustee	
Registered office (please ensure this matches with the proof of address provided)	
Telephone number (Include international country code)	
Incorporation date	
Registration number	
Regulated by	

Section 4. Witness Details

Name	
Occupation	
Email address	
Address	

Please note that the witness must be an unrelated third party. Kindly ensure that the same witness signs Section 6.

Section 5. Declaration and Witness Confirmation

5.1 Declaration for Policy Assignees (Only Applicable for Regular Saving Policies, Direct and Trust)

- I/We, the undersigned, confirm that I/we have read and agree to the Terms and Conditions of the Compass Regular Saving Plan.
- I/We understand that non-payment of the contractual regular premium payments could result in the policy being made paid-up or lapsed without benefits.
- I/We understand that failure to complete the premium payment term may result in receiving less than the total amount paid.

	First Assignee	Second Assignee
Signature		
Date (DD/MM/YYYY)	/ /	/ /

Section 5. Declaration and Witness Confirmation (continued)

5.2 Declaration for Policy Schedule and Policy Endorsements (Applicable for All Policies, Direct Only)

- I/We, the undersigned, confirm that I am the rightful policyholder (or authorised representative) of the policy referenced in this form.
- I/We declare that the original policy schedule and policy endorsements (if any), whether physical or digital, is not being returned and has not been retained in any form that could interfere with the proper administration of the policy.
- I/We confirm that I will not attempt to present this policy for any future claims, benefits, or administrative actions.
- I/We agree to indemnify and hold harmless Providence Life Limited, PCC from any claims, disputes, or legal proceedings that may arise as a result of the non-return of the original policy schedule and policy endorsements (if any).
- I/We understand that Providence Life Limited, PCC may require verification of my identity or other relevant documentation in line with regulatory and internal compliance requirements.
- By signing this form, I/we authorise Providence Life Limited, PCC to finalise and process the policy reassignment in accordance with its terms.
- I/We acknowledge that I have read and understood the contents of this form and agree to be bound by its terms.

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

In the case of a trust-owned policy, please return the original policy schedule and any associated policy endorsements (if any). If the original documents are unavailable, please email a notarised Lost Policy Declaration Form (PL2115), completed and signed by the policyholder, to admin@providence.life.

Section 5.3 Witness Details (Applicable for All Policies, Direct Only)

Please complete this section only if your policy commenced before 15 March 2020, you should have received a hard copy of your policy documents.

Witness full name		
Occupation		
Email address		
Address		
Signature **(Solicitor, commissioner for oaths, notary public, or introducer)**		Date (DD-MM-YYYY) - -

Section 6. Declaration for 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 policyholderholder/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 / Life Assured / Authorised Signatory	Second Policyholder / Life Assured / Authorised Signatory
Signature		
Date (DD/MM/YYYY)	/ /	/ /

	First Assignee	Second Assignee
Signature		
Date (DD/MM/YYYY)	/ /	/ /

	Witness
Signature	
Date (DD/MM/YYYY)	/ /

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