

Surrender/Regular Income Payment Form

Document checklist

Type of Action	Documents Required	Sections to Complete	Please Select One Option
Partial Surrender/ Encashment	<ol style="list-style-type: none"> Completed 'Surrender/Regular Income Payment Form', signed by all policyholders/authorised signatories/trusts. Valid certified copy of passport/ID card. Valid certified copy of residential address issued within the last three (3) months. 	1, 2, 3, 5 and 9	
Full Surrender/ Encashment	<ol style="list-style-type: none"> Completed 'Surrender/Regular Income Payment Form', signed by all policyholders/authorised signatories/trusts. Valid certified copy of passport/ID card. Valid certified copy of residential address issued within the last three (3) months. For trust policies, a typed authorisation letter is required from the trust. 	1, 2, 6, 7, 8, and 9	
Regular Income Payment	<ol style="list-style-type: none"> Completed 'Surrender/Regular Income Payment Form', signed by all policyholders/authorised signatories/trusts. Valid certified copy of passport/ID card. Valid certified copy of residential address issued within the last three (3) months. 	1, 2, 4, 5 and 9	

Notes and FAQs

An early encashment charge may apply, depending on your policy's terms and conditions. By surrendering/encashing part of your policy, you may also create tax liabilities depending on your personal circumstances. We therefore suggest that you consult your introducer and/or tax adviser and review your policy terms and conditions before submitting this request.

How long does it take to process your request?

We will process your request once we receive all relevant documentation. Providence reserves the right to request additional documentation:

- If the payment bank account details differ from the original and signed application form;
- Where the policyholder's signature has changed or the signature on the surrender request form does not match that held on file;
- Where required, in order to meet regulatory requirements;
- Or any other scenario that requires further clarification.

These additional requirements may delay payment until such documentation is received and we have completed any verification checks.

How will the payment be made?

Payments will be made in the policy currency to a bank account in the policyholder's name. Payments will be made via bank transfer only. See your policy terms and conditions for further details.

Section 1. Policy Details

Policy number

	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)

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

To be completed if the policy is held in trust

Name of trust

Name of trustee representative for correspondence

Section 2. Payment Details

Payment by electronic transfer to a bank account. The amount you have requested will be sent in full without any charge applied against it by Providence. Your bank may apply bank charges on receipt of any amount(s) you receive and our banking payments will be sent on the basis that the 'recipient covers cost of transfer'. If payments are to be made into a bank account that we have not yet previously made payments to or received payments from, please provide a certified copy of your recent bank statement for this account.

Beneficiary bank name

Beneficiary bank address

Section 2. Payment Details (continued)

Beneficiary account number or IBAN
(Bank A/C number if IBAN not available)

Beneficiary bank BIC / SWIFT code

Beneficiary name

Beneficiary address

(If different to policyholder)

Number of years the account has
been 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.

Section 3. Partial Surrender / Encashment

Please select if you would like to make a partial surrender/encashment or avail of the maximum permitted partial surrender/encashment you are eligible for:

Partial surrender/encashment Partial surrender/encashment amount	Maximum permitted partial surrender/encashment (Please refer to your policy terms and conditions for details).
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Section 4. Regular Income Payment

Regular income payment frequency

Monthly

Quarterly

Semi-annually

Annually

Regular income currency

Regular income amount

Date of first regular income payment (DD-MM-YYYY)

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Important Note:

- This is an indicative date to receive the Regular Income Payment noting it may vary due to conditions outside of Providence control.
- Regular Income Payments may not be processed if sufficient cash is not available (Portfolio Bond) or if there is an insufficient surrender value (Regular Saving Plan).

Section 6. Full Surrender / Encashment

To fully surrender your policy, we must close it by selling all its fund holdings and deduct any outstanding fees and charges to obtain the final surrender/encashment value. Once we have received a full surrender/encashment instruction, you will not be able to reverse this decision as it will constitute a full and final settlement of your policy with no further liability to Providence.

Please state your reason for full surrender/encashment

I confirm that I wish to fully surrender/encash my policy and that in doing so, my policy will come to an end.

Section 7. Introducer Details

Please complete this section only if you are requesting for a full surrender.

Company name

Introducer name

Email address

Office

Region

Signature

Telephone
number

Date
(DD-MM-YYYY)

Section 8. Declaration and Witness Confirmation

(NOT APPLICABLE FOR TRUST-OWNED POLICIES)

8.1 Declaration for Policy Schedule and Policy Endorsements

- I/We, the undersigned, confirm that I am the rightful policyholder (or authorised representative) of the policy referenced in this form.
- I/We acknowledge that the policy has been surrendered in accordance with the terms agreed upon at the time of issuance.
- 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 surrender 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)

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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 8.2 Witness Details

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 9. 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 / Trustee / Authorised Signatory

Second Policyholder / Trustee / Authorised Signatory

Signature

Date (DD/MM/YYYY)

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