

Policyholder Addition/Removal Request Form

Instructions for completing the form

- This form must be completed if a new policyholder is to be added to a policy or if an existing policyholder is to be removed from the policy.
- If the policyholder is also being added or removed as a life assured, please complete Form PL2103 – Life Assured Addition/Removal Request Form in conjunction with this form.
- When submitting this form to Providence Life Limited, PCC (Providence), please ensure the following documents are included for all policyholders listed:

For Addition of Policyholder

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

For Removal of Policyholder

- Certified Death Certificate: If the policyholder has passed away.
- Other Circumstances: In the event of circumstances other than death (e.g., divorce), a policyholder can be removed by submitting a written request from the exiting policyholder.

If the New Policyholder is also the Payor

If the newly added policyholder will also act as the payor, the following additional forms must be completed and submitted:

- PL2117 Change of Payor Form
- PL2114 Payment Change Request Form

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 policyholder 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.

Addition of Policyholder	Removal of Policyholder
Kindly specify the reason for this request.	

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

Section 2. Policy Details (Current Policy Basis)

Policy number	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
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	MrMrsMissMs	MrMrsMissMs
	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		

Section 3. Requested Policy Amendments

Policy basis	Single life		Joint life first death		Joint life last death			
	First Policyholder				Second Policyholder			
Title	Mr	Mrs	Miss	Ms	Mr	Mrs	Miss	Ms
	Other				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 policy-holders (e.g. husband and wife)								

Section 4. New Policyholder’s Employment Details

Please state 'N/A' if not applicable; do not leave any fields blank. Providence reserves the right to request clarification if necessary, should this field remain unupdated, marked as "NA," or left blank.

	New Policyholder	
Employment Type	Employed	Self-Employed
Employer name		
Employer’s address		
Job title		
Industry		
If retired,		
Former occupation		
Former employer		
Industry		
Length of employment with current employer		
If employed for less than 18 months,		
Previous employer		
Length of service		
Industry		

Section 5. FATCA Declaration

New Policyholder

Are you a US* taxpayer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a US* citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be including a US* address or contact details in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*The definition of US includes the 50 United States of America and associated territories.

If you have answered 'Yes' to any of the above questions or if either applicant is a US national, resides in the US or is requesting a regular income payment to be made to a US account, your application cannot be accepted by Providence Life Limited, PCC.

Where are you resident for tax purposes?

Country/Countries of tax residence

Tax reference number

DO NOT LEAVE THESE FIELDS BLANK.

Section 6. 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)

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