

Service Management Fee Form

Completing this form:

- This form is for policyholders who wish to authorise Providence Life Limited, PCC (Providence) to facilitate the payment of a Service Management Fee (SMF) to the introducer servicing the policy.
- By completing this form you will be authorising Providence to deduct a fee from your policy that will be paid to the introducer.
- If you wish to terminate payment of this fee, you will need to inform Providence in writing to the address mentioned above.
- We can only accept original written instructions that have been signed by all policyholders, trustees or authorised signatories.

Important notes:

- If there is an existing SMF debited from the policy that you have stated in this form, the amended SMF amount that you are requesting to be debited will come into effect from the start of the next calendar quarter.
- As this instruction will result in a deduction from your policy, to meet the fee you are agreeing to pay, you should note that this deduction may form part of any deferred tax allowance for your country of residence; for example in the UK it would form part of the 5% tax allowance. You should consult your tax adviser to determine whether this could affect you.
- Providence cannot be held responsible for any future tax liability that may accrue to the introducer as a result of a failure to levy value added tax (VAT) where it later transpires that VAT should have been charged. The introducer is responsible for deciding whether or not the service they are providing is subject to VAT. Should VAT or any other service tax, become applicable in the future it will be added to the charge, stated below, at the relevant rate.

Policy number

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Policyholder to complete:

I/We authorise Providence to debit the below fee from my/our policy per annum, deducted calendar quarterly in arrears based upon the investment value of my/our policy, and that this will be paid to the introducer.

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
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Please select one option below:

- I would like to facilitate the payment of a SMF for my **Portfolio Bond**.
By selecting this option, I acknowledge and agree with the declaration stated in: Section 1 - SMF Declaration for my Portfolio Bond.
- I would like to facilitate the payment of a SMF for my **Regular Saving Plan**.
By selecting this option, I acknowledge and agree with the declaration stated in: Section 2 - SMF Declaration for my Regular Saving Plan.

SECTION 1. SMF DECLARATION FOR MY PORTFOLIO BOND

1. I/We confirm that I/we will inform Providence in writing to the address detailed on page 1 should I/we wish to terminate payment of this fee.
2. I/We understand that the Withdrawals requested by me/us in this Payment Authorisation Form (if applicable to my policy) are subject to a sufficient available balance in the liquidity funds or cash account (dependant on which Providence Portfolio Bond is held) of my/our policy. If there is an insufficient balance available within the liquidity fund or cash account:
 - a. I/We acknowledge that the debit amount will be taken from the money market fund; (only applicable to the Horizon Portfolio Bond)
 - b. I/We acknowledge that any payment of the SMF amount by Providence will be delayed until a sufficient balance becomes available for this purpose; and
 - c. I/We agree to submit a dealing instruction to Providence to instruct the sale of sufficient assets held within my/our policy to fund the SMF.
3. I/We hereby confirm that the agreement to pay the fee(s) to the introducer from my/our policy is strictly a matter between me/us and the introducer. I/We acknowledge that Providence accepts no responsibility or liability for any dispute between me/us and the introducer regarding any payment or refund of such fee(s).

SECTION 2. SMF DECLARATION FOR MY REGULAR SAVING PLAN

1. I/We confirm that if I/we wish to terminate the payment of this fee, I/we will notify Providence in writing by sending an email to admin@providence.life.
2. I/We understand that the withdrawals requested by me/us in this Payment Authorisation Form (if applicable to my policy) are subject to a sufficient surrender value in my/our policy. If there is an insufficient surrender value we will not deduct the fee and it will be deferred until there is sufficient surrender value. Refer to the terms and conditions for the minimum surrender values.
3. I/We acknowledge that the debit amount will be taken from the policy in proportion to the fund holdings.
4. I/We acknowledge that if the policy has lapsed, the fee will not be paid. If the policy is re-instated from a lapsed status I/We acknowledge the fee will continue.
5. The SMF will commence after the completion of the policy's initial period.
6. I/We hereby confirm that the agreement to pay the fee(s) to the introducer from my/our policy is strictly a matter between me/us and the introducer. I/We acknowledge that Providence accepts no responsibility or liability for any dispute between me/us and the introducer regarding any payment or refund of such fee(s).
7. I/We acknowledge that the fee will be effective the date this form is received by Providence.

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.

Name	<input type="text"/>	<input type="text"/>
Signature	First Policyholder / Trustee / Authorised Signatory <input type="text"/>	Second Policyholder / Trustee / Authorised Signatory <input type="text"/>
Trust/company name (If applicable)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Introducer name	<input type="text"/>	
Signature	Introducer <input type="text"/>	
Company name	<input type="text"/>	
Date	<input type="text"/>	

Providence is the business name of Providence Life Limited, PCC. The Company does not offer advice. The Company is not authorised to offer insurance products for sale in the United States. Materials are not intended as an offer of insurance and do not constitute an offer or a solicitation of an offer to buy insurance in any other country or other jurisdiction in which it is unlawful to make such an offer or solicitation.

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