

Authorisation to Cancel Payment of a Service Management Fee

Completing this form:

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

Policy number

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Introducer
company name

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1. I/We refer to the payment authorisation and instruction in place in relation of the payment of the Service Management Fee (SMF) to the introducer servicing the policy.
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 payment of any such fee(s) to the introducer 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.

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.

DECLARATION/DATA PROTECTION (CONTINUED)

- 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		
Trust/company name (If applicable)		
Signature	First Policyholder / Trustee / Authorised Signatory	Second Policyholder / Trustee / Authorised Signatory

Date:

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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