

Investment Adviser Nomination Form

Note:

- This form should only be used for nominating an investment adviser to manage your Investments for the Regular Saving Plan and Portfolio Bond products issued by Providence Life Limited, PCC (Providence).
- If there is an existing investment adviser fee debited from the policy that you have stated in this form, the amended investment adviser fee amount that you are requesting to be debited will come into effect from the start of the next calendar quarter after receipt of this form.
- If you are nominating more than one investment adviser, you should complete a separate form for each nomination.
- If you wish to amend your investment objectives at any time, you should contact your chosen investment adviser.

Section 1. Policy Details

Policy number

Policy type

Regular Saving Plan

Portfolio Bond

Trust name (if applicable)

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

Section 2. Investment Adviser Details

First name	Surname	
Company name		
City	Country	
Telephone number (Include international country code)	Mobile number (Include international country code)	
Email address		
Deduct annual service charge?	Yes, please deduct the percentage mentioned below	No annual service charge to be taken
	. % of policy value per annum	

Section 3. Investment Adviser Payment Details

Bank name
Account name
Bank address
IBAN number (Bank A/C number if IBAN not available)
Sort code (if applicable)
Swift or BIC code (if applicable)

- Payment will be made in the same denomination as the policy currency.
- For Regular Saving Plans, the payments will be calculated on the policy value on the last business day of each calendar quarter. It will be paid at the start of the following calendar quarter.
- For Portfolio Bonds, payments will be made at the end of each calendar quarter.

Policyholder Declaration

- I/We confirm that I/we will inform Providence in writing, should I/we wish to terminate payment of this fee.
- I/We hereby confirm that the agreement to pay the fee(s) to the Financial Adviser from my/our policy is strictly a matter between me/us and the Financial Adviser.
- I/We acknowledge that Providence accepts no responsibility or liability for any dispute between me/us and the Financial Adviser regarding any payment or refund of such fee(s).

Section 3. Investment Adviser Payment Details (continued)

For Regular Saving Plan Product:

- 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 policy terms and conditions for the minimum surrender values.
- I/We acknowledge that the debit amount will be taken from the policy in proportion to the fund holdings.
- I/We acknowledge that if the policy has lapsed, the fee will not be paid. A new form will be submitted to Providence to initiate the fee. The Investment Adviser Fee will commence after the completion of the policy's initial period.
- I/We acknowledge that the fee will be effective the date this form is received by Providence.

For Portfolio Bond Product:

- 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:
 - I/We acknowledge that the debit amount will be taken from the money market fund; (only applicable to the Horizon Portfolio Bond);
 - I/We acknowledge that any payment of the investment adviser fee amount by Providence will be delayed until a sufficient balance becomes available for this purpose; and
 - 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 investment adviser fee.

Section 4. Investment Adviser Confirmation

- I confirm that I hold appropriate authorisation to provide ongoing investment advice to the policyholder(s) in accordance with the regulation which apply in the jurisdictions in which i am giving advice. This authority enables me to provide Investment instructions to Providence and I confirm that I have the agreement of the policyholder(s) to issue Investment instructions on his/her/their behalf.
- I confirm that I have read the terms and conditions listed in this form and the terms and conditions of the Providence policy that my client has applied for and agree to act in accordance with them. I agree to provide notification to Providence should any changes arise in my authority.

Name _____

Investment Adviser full name _____

Investment Adviser signature _____ Date _____
/ /

Section 5. 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)		

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. Providence Life Limited, PCC is incorporated as a Protected Cell Company in the Republic of Mauritius, is granted a Category 1 Global Business License pursuant to section 72(6) of the Financial Services Act and issues linked long term insurance products under the license Long-Term Insurance Business Licence No. C109007268 pursuant to Section 11 of the Insurance Act 2005 and the Financial Services (Consolidated Licensing and Fees) Rules 2008. Registered office: Providence Life Limited PCC, Level 4, Mindspace SBI Tower, Cybercity, Ebene, Mauritius. Telephone: +230 466 7070 | Fax: +230 465 0077 | Email: admin@providence.life