

Death Claim Form

NOTE:

Required documentation from the beneficiaries/claimant:

- Completed and duly signed Death Claim Form by the beneficiary of proceeds.
- Lawyer, Solicitor, or Notary Public certified true copy of Death Certificate in English or translated to English. The cause of death should be clearly stated.
- Valid and certified true copy of Proof of ID and Proof of Address of the life assured.
- Original policy documents or notarized Lost Policy Declaration Form.

Information to be included on the certified client documentation:

The suitable certifier (see definition below) should write the following relevant phrase including all information below on all certified documents. (Failure to do so will result in a delay in the settlement of the claim.)

- 'I certify that this document is a true copy of the original.'
- Signature of certifier
- Full name of certifier (in CAPITAL letters underneath the certifier's signature)
- Position/Job title
- Company name, address, telephone number and email address
- Date
- Providence appointed suitable certifier number (where applicable)
- Details of the certifier's regulatory/affiliate body and their reference number

Document certification:

- **Death Certificate**
Lawyer, Solicitor, or Notary Public certified true copy of death certificate in English or translated to English.
- **Proof of ID and Proof of Address**
All copy documents must be certified as true copies of the originals by a suitable certifier and must be certified with the wording above or we may require a new document completed in line with this guidance. Suitable certifiers will fall into one of the following categories:
 - A regulated introducer based in a recognised jurisdiction. Introducers should supply proof of their authorisation;
 - An individual introducer who has been accepted as a suitable certifier by Providence;
 - A notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document);
 - Commissioner of Oaths within a 'recognised jurisdiction' (verification of their professional status must be obtained);
 - Formally appointed member of the judiciary (excluding Justice of the Peace);
 - Accountant who is a member of a professional organisation, whose members are required to abide by Anti-Money Laundering regulations, or who is regulated by a regulatory organisation;
 - Director/Manager of an authorised credit or financial institute in a 'recognised jurisdiction'.

SECTION 1. POLICY DETAILS

Policy number

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First Policyholder

Second Policyholder

Title

Mr Mrs Miss Ms
 Other

Mr Mrs Miss Ms
 Other

Surname (as shown on ID/passport)

First name (as shown on ID/passport)

Address

Telephone number

(Include international country code)

Mobile number

(Include international country code)

Email address

SECTION 1. POLICY DETAILS (CONTINUED)

	First Claimant	Second Claimant
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname (as shown on ID/passport)	<input type="text"/>	<input type="text"/>
First name (as shown on ID/passport)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Telephone number (Include international country code)	<input type="text"/>	<input type="text"/>
Mobile number (Include international country code)	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

SECTION 2. PAYMENT DETAILS

Payment by electronic transfer to a bank account. Please note that all bank transfer and agency charges will be debited to your account.

Bank name	<input type="text"/>
Bank address	<input type="text"/>
IBAN number (Bank A/C number if IBAN not available)	<input type="text"/>
Swift code	<input type="text"/>
Account holder's name	<input type="text"/>
Years account held	<input type="text"/>

*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. PROOF OF IDENTITY AND ADDRESS

PLEASE TICK TO CONFIRM DOCUMENT IS ATTACHED.

1. Proof of Identity

Policy applicant(s) (and third-party payors, if applicable) must provide one of the following valid primary documents that has been seen and suitably certified to confirm the true likeness of the individual and is a true copy of the original.

First Applicant	Second Applicant	Third-Party Payor (if applicable)	Proof of Identity	Conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passport of primary nationality	Full page and clear copy of the passport including machine readable section and signature page. The relevant endorsement page(s) of the passport must be submitted (when applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government issued ID card with signature, photograph and expiry date	The identification document must include the holder's full name, date of birth, gender, place of birth, nationality, signature, validity, expiry date, country of issue or issuing authority and photograph.

2. Proof of Address

In order to verify the policy applicant(s) (and third-party payor's, if applicable) current residential address, please attach either an original or suitably certified copy of one of the following documents (the documents seen must be **less than three (3) months old** upon receipt by us, unless advised otherwise) and confirm that the document is a true copy of the original and have duly be seen and verified by the certifier. The document must be issued in the name of the applicant(s) (or third-party payor, if applicable) and show the address appearing on the application form or held in our records as the current residence. Please note documents containing P.O. Box only cannot be accepted.

The documents, if not in English, should be translated into English prior to submitting and should be certified by the translator. This is a regulatory requirement.

First Applicant	Second Applicant	Third-Party Payor (if applicable)	Proof of Address	Conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility bill	Must be issued/dated within ninety (90) days at the time receipt at Providence and must reflect supply of utilities to the residential property stated on the application. Fixed line telephone are acceptable, Mobile phone bills are not.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tenancy contract	The contract must be valid and signed by both relevant parties (landlord and the tenant).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank statement or credit card statement	Must be issued by a regulated financial institution issued/ dated within ninety (90) days of the time receipt at Providence.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving license	Must reflect the holder's residential address, valid and have an expiry date. All parts of the license must be provided.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employer letter	Must be on company headed paper and signed by someone in a position to issue such a letter i.e. HR manager, senior manager, cannot be signed by the applicant or relation to the applicant. Must be issued/dated within ninety (90) days at the time receipt at Providence.

SECTION 4. 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 Claimant / Authorised Signatory	Second Claimant / Authorised Signatory																				
Signature	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>																				
Date	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Country of residence	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																				
Date residency effective from	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

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