

Switch and/or Redirection Form

Who is this form for?

This form is for the policyholders of Compass Regular Saving Policies that wish to change one or more of the funds to which the value of their policy is linked.

Completing this form

- · By completing this form you will be requesting a change to the funds to which the value of your policy is linked.
- Please return this form to: <u>trading@providence.life</u>
- We can only accept original written instructions that have been signed by all policyholders, trustees or authorised signatories. If you are the appointed investment adviser for the policy, you alone may sign on their behalf.
- · If you hold more than one (1) policy, you must complete a separate form for each policy.

Important notes

Processing switches

We will process your instruction to switch on the day on which we receive it, subject to:

- Your instruction being received by 3pm (Mauritius time);
- · Our offices being open for work on that day;
- · All necessary documentation being supplied;
- Compliance with your policy terms and conditions.

If, for whatever reason and further to the above criteria, we are unable to process your instruction on the day on which we receive it, we will process it on our first working day thereafter.

General

Where the provider of a fund linked to your policy becomes insolvent, your policy will incur the loss. We are not authorised to provide you with Investment advice, and we would always recommend that you consult your introducer before making investment decisions.

SECTION 1. POLICY DETAILS

Policy number								
	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)								

1

SECTION 1. POLICYHOLDER DETAILS (CONTINUED)

	First Policyholder	Second Policyholder
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. INSTRUCTIONS

Switch from:

ISIN/PR code	Fund name	Asset currency	Investment percentage

Switch into:

ISIN/PR code	Fund name		Investment percentage
(Please ensure your investments total 100%)			100%

Redirect Future Payments:

ISIN/PR code	Fund name	Asset currency	Investment percentage
	(Please ensure your investments total 100%)		

SECTION 2. INSTRUCTIONS (CONTINUED)

Before signing please read the notes on page 1 and confirm that you have done so by ticking here.					
	First Policyholder / Trustee / Authorised Signatory		Second Policyholder / Trustee / Authorised Signatory		
Signature					
Date:					
	Third Trustee / Authorised Signatory		Fourth Trustee / Authorised Signatory		
Signature					
Date:					
Name of introducer					
Company of introducer					
	Introducer		Date:		
Signature			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.

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