

Reinstatement Request Form

Note:

- Where the regular premiums on a policy are decreased, previous illustrations of benefits (illustrative maturity values) will no longer be applicable.
- Reduced premiums are expected to continue, at the same frequency and by the same payment method as before the decrease.
- The Company will assess whether the proposed decrease in regular premiums will affect the ability of the policy to sustain the desired level of benefits for the full term of the policy.
- Any policy made paid up will only be reinstated subject to:
 - All outstanding premiums/contributions being paid;
 - The receipt of medical evidence and other additional information where required.
- Any policy made lapsed will only be reinstated if:
 - The requirements of Providence Life Limited PCC business acceptance policy are met;
 - All outstanding premiums are paid;
 - The policy lapsed within the previous 12 months;
 - It is the first request for reinstatement from lapse.
- If the policy is held in trust, the settlor of the trust should sign below.
- Please note that we will only reinstate the policy provided suitable proof of identity, proof of address and origin of wealth have been received.

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)

Date of birth

Passport or ID card number

Address (please ensure this matches with the proof of address provided)

Section 1. Policy Details (continued)

	First Policyholder	Second Policyholder
Telephone number (Include international country code)		
Mobile number (Include international country code)		
Email address		

Section 2. Previous Premium Details

Premium currency	USD	GBP	EUR	JPY	AUD
Regular premium amount					
Due date of last premium					

Section 3. Payment Details

Is a third-party payor making payments into this Compass Regular Saving Plan?

Yes No

- If 'Yes', please complete the remainder of this section and then proceed to **Section 4. Investment Strategy**
- If 'No', please proceed to **Section 4. Investment Strategy**

For acceptable third-party payors, we will require full evidence of their identity, source of funds and origin of wealth.

For Individual Third-Party Payor

Title	Mr	Mrs	Miss	Ms	Other
Surname (as shown on ID card/passport)					
First name (as shown on ID/passport)					
Previous names (if applicable)					
Date of birth (DD-MM-YYYY)	-	-			
Telephone number (include international country code)					Mobile number (include international country code)
Email address					
Primary nationality				Do you hold dual nationality?	Yes No
					If yes, please state
Employer name					
Job title					Industry

Section 3. Payment Details (continued)

For Individual Third-Party Payor

Residential Address

(please ensure this matches with the proof of address provided)

Relationship to applicants

Reason for third-party payment

For Company Third-Party Payor

Name as stated on certificate of incorporation/incumbency

Incorporation date
(DD-MM-YYYY)

Telephone number
(include international country code)

Email address

Country of incorporation

Industry

Company address

(please ensure this matches with the proof of address provided)

Relationship to applicants

Reason for third-party payment

Important note: For company third-party payor, subject to review of information submitted, we may ask for further requirements to evidence of information supplied in this section.

Section 4. Investment Strategy

When your policy lapsed, your premiums continued to be invested in the funds last specified by you. You can continue to remain invested in the same funds or you can specify a new investment strategy. Please choose one of the options below:

Remain invested in the current investment strategy

New Investment strategy

Please give details of the funds you want to choose for your policy along with the relevant percentage of your premium, in the table below. You can choose a maximum of 10 funds. Please refer to the latest version of the Compass Regular Savings Plan Fund guide, which is available on Providence website www.providence.life or speak to your introducer.

PLL Asset Code/ISIN	Asset Name	Asset Currency	Enter the Percentage of the Investment for Each Asset
Total Percentage Amount (Please ensure your investments total 100%)			100%

Section 5. 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
			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).
			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
			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.
			Tenancy contract	The contract must be valid and signed by both relevant parties (landlord and the tenant).
			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.
			Driving license	Must reflect the holder's residential address, valid and have an expiry date. All parts of the license must be provided.
			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.

If you are unable to provide any of these documents, please complete **Section 13. Confirmation of Residential Address**.

Section 6. Source of Funds

To be completed by the person paying the investment amount(s).

Evidence of information supplied in this section should be provided as original documents, or certified true copies of all original documents.

1. **Please provide payors bank details** (i.e. the account used to pay investment amount(s) and to receive payment from Providence Life Limited, PCC. In case of several accounts, details should be furnished for all the accounts):

This section is mandatory regardless of the payment method chosen.

Bank name

Bank address

IBAN
(Bank A/C number if IBAN not available)

SWIFT code

Account holder's name

Years account held

*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.

If the premiums are being remitted through Electronic Money Institution (EMI), please complete the following:

Account holder's name

EMI account address

EMI account number

EMI account country

IBAN

BIC

2. Are there any other parties indirectly involved with this application e.g., lender?

Yes No

If 'Yes', please provide details:

Section 6. Source of Funds (continued)

3. Income details

Please state currency of each income source and assets type line

Please state 'N/A' if not applicable; do not leave any fields blank. Providence reserves the right to request clarification if necessary, should this field remain unupdated, marked as "NA," or left blank.

Section 8A

If employed/self-employed please state the following:

	Payor 1 (First Policyholder/Third-Party Payor)		Payor 2 (Second Policyholder/Third-Party Payor)	
	Employed	Self-Employed	Employed	Self-Employed
Employer name				
Employer's address				
Job title				
Industry				
If retired,				
Former occupation				
Former employer				
Industry				
Annual basic income				
Bonus/profits				
Benefits in kind (e.g., housing allowance, education, travel, etc)				
Other (please specify)				
Length of employment with current employer				
If employed for less than 18 months,				
Previous employer				
Length of service				
Industry				

Section 6. Source of Funds (continued)

Please state total amount received annually from all sources, stating the amount and currency.
For joint account holders, please state the combined total annual income.

Currency

Current Year

Last Year

Year Before Last

Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum.

Please state 'N/A' if not applicable; do not leave any fields blank.

	Payor 1 (First Policyholder/Third-Party Payor)	Payor 2 (Second Policyholder/Third-Party Payor)
Rental income		
Investment income		
Pension income		
Other (please specify)		

Providence reserves the right to request clarification if this field is left blank or marked as 'N/A'.

Section 8B

Details of assets

Cash amount

Shares and bonds amount

Properties amount

Other amounts

Details of liabilities

Loans/debts amount

Accounts payable

Section 7. Origin of Wealth

This section is mandatory. It must be countersigned and provided to us if left blank initially.

Please refer to (PL1503) Origin of Wealth and Source of Funds Guide for details on additional documentary evidence that maybe required.

The purpose of this section is to gather information relating to the origin of your investment(s) in order to satisfy international anti-money laundering and 'know your client' requirements.

i. Savings from salary and/or employment bonus

ii. Gifts and/or inheritance (If 'Yes', please give details)

Total value

Currency

Date received/settlement date (DD-MM-YYYY)

-

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iii. Proceeds from shares/investment holdings/property sale (If 'Yes', please give details)

Total value or amount of sale

Currency

Date received/settlement date (DD-MM-YYYY)

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iv. The disposal of a business or other asset (If 'Yes', please give detail of the disposal and specify the original source of wealth for the investment in the business or asset)

Total value or amount of sale

Currency

Date received/settlement date (DD-MM-YYYY)

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v. Please provide details here if your Investment(s) is from a source other than that listed above. Include full details of where the funds are from, dates, currency and amount.

Total value

Currency

Date received/settlement date (DD-MM-YYYY)

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Section 8. 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 policyholderholder/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 / Trustee / Authorised Signatory

Second Policyholder / Trustee / Authorised Signatory

Signature

Date (DD/MM/YYYY)

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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