

Deed of Assignment Form

Note:

Please submit all documents mentioned below to complete the assignment of your policy:

- Completed and signed Deed of Assignment Form.
- Certified passport copy of the policyholder(s) - the assignor(s). If the policy is held in trust, certified passport copies of the life/lives assured is required.
- Certified passport copies of the assignee(s).
- Proof of address of the assignee(s).
- Original policy documents or completed PL2115 Lost Policy Declaration Form.

Use blue or black ink and write clearly in CAPITAL letters.

The deed of assignment is made on:

Date

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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)

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. Introducer Details

Company name

Introducer name

Telephone number
(Include international country code)

Office

Region

Signature

Email address

Date
(DD-MM-YYYY)

Section 3. Assignee Details

Tick here if the assignee(s) are to become the sole life/lives assured.

First Assignee

Second Assignee

Title

Mr

Mrs

Miss

Ms

Mr

Mrs

Miss

Ms

Other

Other

Surname (as shown on ID / passport)

First name (as shown on ID / passport)

Previous names (if applicable)

Passport or ID card number

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 3. Assignee Details (continued)

In case the assignee is a trustee, please fill the following details:

Name of trustee

Registered office

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

Telephone number
(Include international country code)

Incorporation date

Registration number

Regulated by

Section 4. Witness Details

Name

Occupation

Email address

Address

Please note that the witness must be an unrelated third-party.

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 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 / Life Assured / Authorised Signatory

Second Policyholder / Life Assured / Authorised Signatory

Signature

Date (DD/MM/YYYY)

/ /

/ /

First Assignee

Second Assignee

Signature

Date (DD/MM/YYYY)

/ /

/ /

Witness

Signature

Date (DD/MM/YYYY)

/ /

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