

# Change of Payor Form

## SECTION 1. POLICY DETAILS

Policy Number:

	First Policyholder	Second Policyholder
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"/> <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. TRUST DETAILS (IF POLICYHOLDER)

Name of the trust	<input type="text"/>
Name of trustee	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## SECTION 2. TRUST DETAILS (CONTINUED)

Telephone number  
(Include international country code)

Email address

## SECTION 3. PAYOR DETAILS

### For Individual Third-Party Payor

Title

Mr  Mrs  Miss  Ms  Other

Surname (as shown on ID/passport)

First name (as shown on ID/passport)

Previous names (if applicable)

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--

Telephone number  
(Include international country code)

Mobile number  
(Include international country code)

Email address

Primary nationality

Do you hold dual nationality?  
If 'Yes' please state

Employer name

Job title

Industry

Residential address


Relationship to applicants

Reason for third-party payor

### SECTION 3. PAYOR DETAILS (CONTINUED)

#### For Company Third-Party Payor

Name as stated on certificate of incorporation/incumbency	<input type="text"/>		
Incorporation date	<input type="text"/>		
Email address	<input type="text"/>	Telephone number (Include international country code)	<input type="text"/>
Country of incorporation	<input type="text"/>	Industry	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Relationship to applicants	<input type="text"/>		
Reason for third-party payor	<input type="text"/>		

### SECTION 4. 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.

- 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):

**Note: This section is mandatory regardless of the payment method chosen.**

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 one (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 4. SOURCE OF FUNDS (CONTINUED)

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

Yes  No

If 'Yes', please provide details:

3. Income details

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

### SECTION 4A

If employed/self employed please state

	Payor 1	Payor 2
	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed
Name of employer	<input type="text"/>	<input type="text"/>
Employer's 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"/>
Job title	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>
If retired,		
	Former occupation	<input type="text"/>
	Former employer	<input type="text"/>
Industry	<input type="text"/>	
Annual basic income	<input type="text"/>	<input type="text"/>
Bonus/profits	<input type="text"/>	<input type="text"/>
Benefits in kind (e.g., housing allowance, education, travel, etc)	<input type="text"/>	<input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>
Length of employment with current employer	<input type="text"/>	<input type="text"/>

## SECTION 4. SOURCE OF FUNDS (CONTINUED)

If employed for less than 18 months,

Previous employer	<input type="text"/>	<input type="text"/>
Length of service	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>

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	<input type="text"/>
Current Year	<input type="text" value=".00"/>
Previous Year	<input type="text" value=".00"/>
Year Before Last	<input type="text" value=".00"/>

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.

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

	Payor 1	Payor 2
Rental income	<input type="text"/>	<input type="text"/>
Investment income	<input type="text"/>	<input type="text"/>
Pension income	<input type="text"/>	<input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>

### SECTION 4B

Detail of assets

	Payor 1	Payor 2
Cash amount	<input type="text"/>	<input type="text"/>
Shares and bonds amount	<input type="text"/>	<input type="text"/>
Properties amount	<input type="text"/>	<input type="text"/>
Other amounts	<input type="text"/>	<input type="text"/>

Details of liabilities

Loans/debts amount	<input type="text"/>	<input type="text"/>
Accounts payable	<input type="text"/>	<input type="text"/>

## SECTION 5. ORIGIN OF WEALTH

This section is mandatory.

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

.00

Currency

Date received/settlement date

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

Total value

.00

Currency

Date received/settlement date

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) please give details

Total value

.00

Currency

Date received/settlement date

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

.00

Currency

Date received/settlement date

## SECTION 6. 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.

### Trustee policyholders only

Please attach a suitably certified true copy of the following:

- Evidence of proper appointment of the trustees e.g. the relevant pages of the extracts of the Deed of Trust.
- The identity of the trustees must be verified in accordance with the appropriate requirements for corporate or personal policyholders. Where there is more than one individual trustee, identification must be obtained for each in accordance with the relevant ID requirements.

The following information/documentation should be provided by the trustees:

- The source or origin of the assets under the trust.
- The nature of the trust (this means the type of trust e.g. discretionary, blind, charitable, etc.).
- The purpose of the trust (this means the reason why the trust has been set up e.g. inheritance planning, wealth preservation, etc.).
- Details of the settlor(s), which should include full names(s), date(s) of birth and if they are still living current residential address(es). If deceased the date(s) of death should be given.
- Details of any protector(s), which should include full names(s), date(s) of birth and residential address(es).
- Details of the beneficiaries of the trust should be obtained and should include full name(s), dates of birth and current addresses of any individuals, and sufficient information to identify any other class, corporate entity, charity or other beneficiary.
- Details of whom we are to take instructions from and copies of their specimen signatures. It is usual for all trustees to be required to give instruction. Where the trustee is a company, the authorised signatories of the company must sign for the company in addition to any other trustee.

## SECTION 7. 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.

Signature	First Policyholder / Trustee / Authorised Signatory	Second Policyholder / Trustee / Authorised Signatory
Date		
Signature	Payor	Full name of payor (If company)
Date		Designation

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