

# Transfer of Assets Form

**Note:**

- This form should be used to transfer assets into or out of your Providence Portfolio bond. Before submitting this form we recommend that you seek the advice of a regulated introducer.
- To ensure the efficient processing of your request, please ensure that all sections of the form are fully completed.
- Fully completed forms are required to be sent electronically to admin@providence.life.

## Section 1. Details of Transfer

Please select one option below:

### Transferring into a Providence Portfolio Bond

I request and instruct Providence to accept the assets held within my/our policy from the counter-party details mentioned in Section 4. Counter-Party Details.

Important Note: Only assets which are available to trade with our settlement provider and approved by Providence may be transferred into your bond. For more information, refer to Your Investment Options (PL1340) available on the Providence website.

### Transferring out of a Providence Portfolio Bond

I request and instruct Providence to transfer the assets within my/our policy to the Counter-Party details mentioned in Section 4. Counter-Party Details.

Important Note: The Providence Portfolio Bond product is a medium to long term investment linked policy and you may incur early encashment charges if you sell assets within the early encashment period.

No.	Requirements to Complete the Transfer	Transfer In	Transfer Out	
			Partial Surrender	Full Surrender
1.	Original Providence Transfer of Assets form (PL2122) completed and duly signed by the policyholder/both policyholders for joint owned policies (Trust Policies should be signed by two authorised signatories)	✓	✓	✓
2.	Valid and certified true copy of the Proof of ID of the policyholders (Direct Bonds), updated Due Diligence for Trust Wrapped Policies	✗	✓	✓
3.	Valid and certified true copy of the Proof of Address of the policyholders (Direct Bonds), or the Lives Assured (Trust Policies)	✗	✓	✓
4.	Counter-Party confirmation for the Transfer of Assets request via email from the Introducer confirming the account number or policy number that the policyholder(s) is assigned, by the other provider, for the policy that he/she owns at said provider	✗	✓	✓
5.	Counter-Party Valuation reflecting your name as the owner of the policy, showing assets to be transferred	✓	✓	✓
6.	Letter of Authorization, signed by the Life/Lives Assured. (Only required if the policy is held in Trust) Important Note: The figure for the Early Encashment Charge must be typewritten when the original is submitted to Providence	✗	✗	✓
7.	Original Providence Surrender Request form (PL2118) completed and duly signed (Trust Policies should be signed by two authorised signatories)	✗	✗	✓
8.	Original policy documents or Lost Policy Declaration form (PL2115)	✗	✗	✓
9.	A copy of the email or written confirmation showing your Counter-Party is aware of the transfer and agrees to accept the transfer request from Providence.	✓	✓	✓

Important Note: For Transfer In, the request cannot be initiated without documents 1, 5 and 9 being submitted first. Once the transfer is initiated, Providence may request additional information on behalf of the Counter-Party.

✓ = Must be submitted    ✗ = Not required

## Section 2. Policy Details

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Policy number

First Policyholder

Second Policyholder

Title	Mr	Mrs	Miss	Ms	Mr	Mrs	Miss	Ms
	Other				Other			

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Surname (as shown on ID / passport)

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First name (as shown on ID / passport)

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Telephone number (Include international country code)

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Mobile number (Include international country code)

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Email address

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Address

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

**Section 3. Assets to be Transferred**

Number of Shares or Units	Asset(s) Description	Asset Type	ISIN or Ticker	Currency	Current Estimated Value	Counter-Party Name (Life Company / Provider / Platform)

**Important Note:**

- The Cash should be sent to Providence directly. Providence cannot accept Cash from counterparties.
- For Structured Notes, the transfer will be considered based on the individual Note provider terms and conditions.
- For all other assets, 100% of units held can be transferred.
- Transfer of assets may create a tax liability depending on your country of residence or domicile. If in doubt, You should seek the advice of a tax advisor who is qualified to give advice, which is relevant to your country of residence and domicile.
- Providence Life Limited, PCC (Providence) will only consider transferring Investments and/or individual assets as per the minimum value mentioned in the applicable Providence bond product Terms & Conditions.
- All relevant supporting documentation, where available, should be enclosed with this request for transfer of assets.
- All assets will be transferred into the name of Providence and Providence reserves the right to make a charge for any costs incurred during the transfer of assets to your bond.
- The timeframe of completing the transfer of assets will vary based on the Counter-Party involved. Providence cannot accept responsibility for consequences that may arise from a delay. Assets cannot be sold during this period.
- Counter-Party in this form may refer to either a life company, provider or platform.
- For assets transferred into your portfolio bond, 2% of the total initial asset value is required to be kept liquid at all times for the life of the policy, to cover bond charges and also Trust charges (if applicable). This will either be kept in the Money Market Fund or held as 'Cash' depending on the Providence product you have selected.

#### Section 4. Counter - Party Details (Life Company/Provider/Platform)

Please replicate this section if the assets completed in section 3 are being transferred to/from different counter-parties.

Name of counter-party

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Address

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Telephone number (include international code)

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Email address

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Counter-Party BIC

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Full name of contact person (if available)

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Contact number of contact person (if available)

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Policyholder reference number held with counter-party

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#### 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.

**Section 6. Authority For Asset Transfer**

To:  
Providence Life Limited, PCC,  
Level 4, Mindspace SBI Tower,  
Cybercity, Ebene,  
Republic of Mauritius

As owner of the assets listed in section 3, I/We irrevocably authorise Providence to do any of the following in its absolute discretion:

- a. Transfer/Accept any or all of the assets listed in Section 3. Assets To Be Transferred to/from Providence at the market value it can obtain at the time of transfer;
- b. Return any assets it cannot transfer to the policyholders;
- c. Transfer/Accept any or all of the assets listed in Section 3. Assets To Be Transferred out of/into my/our Providence portfolio bond to/from another insurance company or provider at the current market value upon receipt of instruction.

I/We declare that I/we have the necessary authority to dispose of the assets listed in the attached schedule and that none of those assets are subject to any lien, charge, assignment, or third party right.

I/We authorise Providence, where possible, to transfer/accept any and all assets into my Providence portfolio bond as Investment Amount and list these assets in a policy endorsement. I/We accept full responsibility for providing the necessary share certificates, signed stock transfer forms, fund transfer forms or contract notes, required to complete the transfer of assets out of/into my/our Providence portfolio bond.

I/We agree to pay any outstanding fees or call payments outstanding on the assets, before submitting this transfer request and agree to reimburse Providence to the extent of any loss suffered by Providence in respect of the transfer of assets.

First Policyholder / Authorised Signatory

Second Policyholder / Authorised Signatory

Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
/ /

\_\_\_\_\_  
/ /

Please complete the below declaration, if the Providence policyholder is different from the current owner of the assets.

First Asset Owner

Second Asset Owner

Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
/ /

\_\_\_\_\_  
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## Section 7. Introducer Details

Company name

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Introducer name

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Email address

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Office

Region

Telephone  
number

Signature

Date  
(DD-MM-YYYY)

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