

# Appointment of Beneficiary Form

## Guidance Notes:

- Providence Life Limited, PCC (Providence) adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details You provide as Your authorised contact details; it is therefore important that they are accurate and that You let us know if any of these details change.
- This form is to be used if You are the owner of the Policy and want its benefits to go to one or more adults and/or children as Beneficiaries or contingent Beneficiaries in the event of the death of the relevant Life Assured. If You are the joint owner of the Policy and wish to designate a Beneficiary, all Policyholders must sign the form. This form invalidates all previous Beneficiary designations so all sections of the form must be completed.
- This form cannot be used if You wish to create a gift for inheritance tax purposes (UK domiciliaries only).
- **Inheritance laws and beneficiary designation:** Some countries have laws governing the distribution of a person's estate on their death. Although the Beneficiary form technically removes the benefits of the Policy from Your estate, this could be challenged. To avoid any doubt, You should seek advice in choosing an appropriate course of action.
- **Joint Policy:** In the case of a joint Policy where both Policyholders are Lives Assured and the Policy is written on a first death basis, the surviving Policyholder will be the Beneficiary. This form will only apply in the event of the death of both Policyholders, or when the Policy is written on a last death basis.
- **Changes to beneficiaries:** Completing a subsequent form can change those named as Beneficiaries in this form. Changes that are not formally recorded by designation or will (such as divorce and re-marriage) cannot alter the benefits payable under this form.
- **Unborn or unnamed children as contingent beneficiaries:** If You wish to specify a child who is either not yet born, or who may be adopted at a later date, insert one of the following phrases after the words 'OTHER Beneficiary' in Section 3:
  - 'Children of the Life/Lives Assured';
  - 'Children of the Life/Lives Assured's marriage to [name], wife/partner'; or
  - 'Children legally adopted by the Life/Lives Assured'.If Your circumstances are such that several of these classes of children would be potential Beneficiaries a suitable combination of the wording of a, b, and c would also be acceptable.
- **Trustees:** Trustees are appointed here to act after the death of the relevant Life/Lives Assured and give instructions concerning the Policy or any benefits arising from it. Providence cannot be responsible for any actions or omissions committed by those trustees. Trustees must enter their address in Section 4 and inform Providence of any address changes. All trustees, including a corporate trustee, must sign this form at Section 5 to show they accept their duties as trustees. They must be aged 18 or over (except a corporate trustee). The arrangements for continued investment with Providence (or any of its subsidiary Companies) are contained in the trust provisions.
- **Interpretation:** Providence will carry out the instructions given by You as Policyholder(s). It cannot be held responsible for any misunderstanding made when the form was completed or any changes in circumstances affecting who should benefit from the Policy. If any challenges are made to the validity of payments made under Your instructions in this form, they must be addressed to the recipients of any benefits.
- **Assignments:** If You assign a Policy specified in this form as security or collateral to a financial body (such as a bank), that Assignment will take priority over Beneficiaries' claim to any benefits designated here.
- **Benefits where no primary or contingent beneficiary survives:** If no Beneficiaries survive, then benefits due will pass to the Policyholder(s) equally or the estate of the last survivor.
- **Completing this form:** If You cannot enter the details asked for in the space available, please make a note on the form and attach a page containing those details.

## SECTION 1. POLICY DETAILS

Policy number

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Policy type

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Trust name (if applicable)

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### First Policyholder

Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	
<input type="checkbox"/> Other	<table border="1"><tr><td></td></tr></table>			

Surname (as shown on ID/passport)

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First name (as shown on ID/passport)

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Address

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


### Second Policyholder

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	
<input type="checkbox"/> Other	<table border="1"><tr><td></td></tr></table>			

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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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## SECTION 2. WITNESS DETAILS

### Note:

#### Two witnesses are required to sign this form

- Witnesses should not have a financial interest in the policy.
- Once completed this form replaces any previous Appointment of Beneficiary Form.
- One witness per policyholder is required, and an introducer can serve as one witness.
- The percentage of beneficiaries split should total 100%.

	First Witness	Second Witness
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"/>
Residential Address (please ensure this matches with the proof of address provided)	<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"/>
Job title	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>

## SECTION 3. BENEFICIARY DETAILS

### Primary Beneficiaries

	First Beneficiary	Second Beneficiary
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"/>
Date of birth	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>
Please state the relationship of the beneficiary to the life/lives assured	<input type="text"/>	<input type="text"/>
Percentage	<input type="text"/>	<input type="text"/>

	Third Beneficiary	Fourth Beneficiary
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"/>
Date of birth	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>
Please state the relationship of the beneficiary to the life/lives assured	<input type="text"/>	<input type="text"/>
Percentage	<input type="text"/>	<input type="text"/>

### SECTION 3. BENEFICIARY DETAILS (CONTINUED)

#### First Contingent Beneficiaries

	First Beneficiary	Second Beneficiary
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"/>
Date of birth	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>
Please state the relationship of the beneficiary to the life/lives assured	<input type="text"/>	<input type="text"/>
Share percentage	<input type="text"/>	<input type="text"/>
Other beneficiary	<input type="text"/>	Share percentage <input type="text"/>

#### Second Contingent Beneficiaries

	First Beneficiary	Second Beneficiary
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"/>
Date of birth	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>
Please state the relationship of the beneficiary to the life/lives assured	<input type="text"/>	<input type="text"/>
Share percentage	<input type="text"/>	<input type="text"/>
Other beneficiary	<input type="text"/>	Share percentage <input type="text"/>

## SECTION 4. DECLARATION OF TRUST AND APPOINTMENT OF TRUSTEES

This section is to be filled by individual policyholder(s) who wish to appoint trustees to act on their behalf after the death of the relevant life/lives assured to their policy.

I/We as owner/owners of the policy named in **Section 1. Policy Details** appoint:

	First Trustee	Second Trustee
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"/>
Date of birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Trust company name (if applicable)	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Company stamp (if applicable)	<input type="text"/>	<input type="text"/>

As trustee(s) under the policy terms and conditions ('beneficiary designation') to hold all policy benefits on the death of the relevant life/lives assured on trust absolutely as follows:

- For the primary beneficiary(ies) named in this section who survive the relevant life insured by 28 days and attain the age of 18 years, and if more than one then in the shares specified against their names and if no shares are specified then in equal shares.
- If none of the primary beneficiaries survive the relevant life/lives assured by 28 days and attain the age of 18 years, payment will be made to the first contingent beneficiary(ies) who survive the relevant life/lives assured by 28 days and attain the age of 18 years, and if more than one then in the shares specified against their names and if no shares are specified then in equal shares.
- If none of the primary and first contingent beneficiary(ies) survive the relevant life/lives assured by 28 days and attain the age of 18 years, payment will be made to the second contingent beneficiaries who survive the relevant life/lives assured by 28 days and attain the age of 18 years, and if more than one then in the shares specified against their names and if no shares are specified then in equal shares.
- The shares of any primary, first contingent or second contingent beneficiary(ies) who fail to survive the relevant life/lives assured by 28 days and attain the age of 18 years will accrue equally to the shares of those beneficiaries in the relevant class who do so survive and attain the age of 18 years.

## SECTION. 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 / Authorised Signatory	Second Policyholder / Authorised Signatory
Date:		
Signature	First Witness	Second Witness
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.

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