

# Funeral Plan Application Form



## Person to be covered by the plan (please complete in BLOCK CAPITALS)

Title	<input type="text"/>	Surname	<input type="text"/>	
First name(s)	<input type="text"/>		Date of birth	<input type="text"/>
Address	<input type="text"/>			
Address	<input type="text"/>			
Postcode	<input type="text"/>	Tel no.	<input type="text"/>	

## Joint plan (if applicable)

Title	<input type="text"/>	Surname	<input type="text"/>	
First name(s)	<input type="text"/>		Date of birth	<input type="text"/>
Address	<input type="text"/>			
Address	<input type="text"/>			
Postcode	<input type="text"/>	Tel no.	<input type="text"/>	

I/We wish this plan to pay out on:  First death  Second death

## Planholder or purchaser's details (if different to above)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
Address	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel no.	<input type="text"/>

## Next of kin, executor or personal representative's details (if known)

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
Address	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel no.	<input type="text"/>

## Correspondence instruction

Please send correspondence to:

The person covered by the plan  The planholder or purchaser  Other (please specify)

Continued overleaf

## Your funeral plan

Plan name

The Personal Plan

Total funeral director's charges

£

Contribution towards third party costs

£

Management fee

£

**TOTAL cost of plan**

£

Cremation

Burial

Please refer to the enclosed Funeral Plan Terms and Conditions for full details.

I enclose a cheque for the total plan price (made payable to Ecclesiastical Planning Services or EPS).

I wish to pay by instalments and include a completed Instalment Payment Form, a Direct Debit Instruction and a cheque (made payable to Ecclesiastical Planning Services or EPS) for the first payment which includes the management fee.

Special wishes or extra services to be included

## To be completed by the client(s)

Please read the Funeral Plan Terms and Conditions and let us know if you have any queries. Please sign below to confirm you have read, understood and accept the Funeral Plan Terms and Conditions and that the details on this Application Form are correct.

Signed

Date

Signed

(for joint plans only)

Date

**Data Protection Act 1998** – Ecclesiastical Planning Services Limited (as the data controller) will always act responsibly with your personal data. Please refer to our privacy policy for details, available on request. We will use your personal information to process the plan and will forward your details to the whole of life assurance policy provider to which your plan is linked. Your selected funeral director will also keep details of your application to carry out the plan when the time comes.

## To be completed by the funeral director (office use only)

I confirm acceptance of the details within this application and undertake to fulfil all services under this plan in accordance with the Funeral Plan Terms and Conditions. I confirm that to the best of my knowledge all information supplied is correct.

Signed

Date

Contact name

Firm postcode

Tel no.

Please return your completed form and cheque (made payable to Ecclesiastical Planning Services or EPS) to your funeral director. For help or advice, or to set-up a personal or instalment plan, please contact your funeral director on the number provided.