

Funeral Plan Application Form



**sclarke
+ son**
Funeral Directors

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 **OR** 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

Note to customer(s): This form captures personal data which may include 'special category data'. Please see our data protection information in the 'To be completed by the customer(s)' section.

Plan name

The Personal Plan

Cremation Burial

Total funeral director's charges

Contribution towards third party costs

Management fee

TOTAL cost of plan

Payment options

(Please make cheques payable to EPS)

Cheque BACS Card payment

For card payments, please call 0800 633 5626.

Special wishes or extra services

To be completed by the customer(s)

Data Protection – Ecclesiastical Planning Services (as the data controller) will always act responsibly with your data. We will process your personal data, which may include 'special category data' such as religion, in accordance with the applicable data protection law and on the legal basis that is necessary to set-up, administer and carry out your funeral plan, and for business management purposes. We will also share your data with the whole of life assurance policy provider to which your plan is linked, administrative functions within the Ecclesiastical Group and your selected funeral director in order that they can carry out the plan when the time comes. If data processing takes place outside the European Economic Area, we will make suitable arrangements for your personal information to be protected. You can withdraw your consent to us holding your data but this may mean we are unable to carry out your funeral plan. For further information on how we manage data responsibly, please refer to our Privacy Policy at www.funeralplans.co.uk/ecclesiastical-privacy-policy or contact our Data Protection Officer at the address in the footer below or on 0345 607 3274.

Please tick to confirm that you give your consent for us to hold and process 'special category data'.

If you have provided personal data of others, for example for a beneficiary, next of kin or executor, please tick to confirm that you have their consent for us to hold and process their personal data on this application form.

Please read the Funeral Plan Terms and Conditions and let us know if you have any questions. 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

Date

To be completed by the funeral director (office use only) ID ref. no. (if known)

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 and that the customer has completed the data protection tick boxes above.

Signed

Date

Contact name

Address

Firm postcode

Tel no.

Please return your completed form and cheque (made payable to 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.

