



## 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"/>			
	<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"/>			
	<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"/>		
	<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"/>		
	<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)

## 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	<input type="text"/>		
<input type="checkbox"/> The Personal Plan	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial		
Total funeral director's charges	£	<input type="text"/>	
Contribution towards third party costs	£	<input type="text"/>	
Management fee	£	<input type="text"/>	
<b>TOTAL cost of plan</b>	£	<input type="text"/>	
Special wishes or extra services	<input type="text"/>		

### Payment options

(Please make cheques payable to EPS)

Cheque  BACS  Card payment

For card payments, please call 0800 633 5626.

## 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](http://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	<input type="text"/>	Date	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

## 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	<input type="text"/>	Date	<input type="text"/>
Contact name	<input type="text"/>		
Firm name	<input type="text"/>		
Firm address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. no.	<input type="text"/>

