

The Independent Way Funeral Plan

Application Form APP206-0419

Prices applicable from 1 April 2019



Presented By:

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS AND ENSURE ALL RELEVANT SECTIONS ARE COMPLETED

1 Plan Holder (The Member)

Date of Birth:	<input type="text"/>	First Name(s):	<input type="text"/>
Mr/Mrs/Ms/Other:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone No(s):	<input type="text"/>		
Email:	<input type="text"/>		

2 Plan Holder's Next of Kin / Executor (please specify one person only)

If you are also the Representative on the plan then please tick this box (only tick this box if you are taking out the plan for someone else)

Mr/Mrs/Ms/Other:	<input type="text"/>	First Name(s):	<input type="text"/>
Relationship:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone No(s):	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>

3 Plan Holder's Representative

Only complete this section if you are taking out the plan for someone else. We will ensure all future correspondence is sent to you. Please note where the fixed monthly payment option is selected, Phoenix Life Limited will contact the Plan Holder to confirm Direct Debit details only. The Plan Holder can find details of how we manage their personal information at goldencharter.co.uk/privacy-policy

The funeral director should not be named as the Representative unless specifically requested by the Plan Holder.

Please tick this box to confirm you have the Plan Holder's permission to pass their personal information to us and take out a plan on their behalf.

Mr/Mrs/Ms/Other:	<input type="text"/>	First Name(s):	<input type="text"/>
Relationship:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone No(s):	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>

FOR OFFICE USE ONLY

IW SP-GC IN-GC FP-PX

Plan Number:

Seller ID:

4 Cost of Funeral Director's Services

If an item is included free of charge, please mark the box "FOC".

1 Professional services	<input type="checkbox"/>	£	:	
2 Removal of deceased	<input type="checkbox"/>	£	:	
3 Hygienic treatment services	<input type="checkbox"/>	£	:	
4 Vehicle charges				
a) Hearse	<input type="checkbox"/>	£	:	
b) No. of cars	<input type="checkbox"/>	<input type="checkbox"/>	£	:
5 Coffin (See section 8)	<input type="checkbox"/>	£	:	
Subtotal value of items 1-5 ticked as included		£	:	

Other (please give details)

6 _____	£	:	
7 _____	£	:	
8 _____	£	:	
9 _____	£	:	
10 _____	£	:	
11 _____	£	:	
12 _____	£	:	
13 _____	£	:	
14 _____	£	:	
TOTAL SERVICES (GUARANTEED)	£	:	

5 Third Party Costs

All sums should be entered VAT inclusive, where appropriate.

1 Cemetery fee	£	:	
a) New grave	£	:	
b) Re-open grave	£	:	
c) Removal of memorial	£	:	
2 Crematorium fee	£	:	
3 Doctor's fee (if applicable)	£	:	
4 Clergy fee	£	:	
5 Fees for place of worship	£	:	
a) Organist	£	:	
b) Verger/Church officer	£	:	
c) Other (please specify)	£	:	
_____	£	:	
6 Golden Charter admin fee	£	249	: 00
7 Newspaper notices	£	:	
8 Floral tributes	£	:	
9 Other (please give details)	£	:	
_____	£	:	
_____	£	:	
_____	£	:	
_____	£	:	
_____	£	:	
TOTAL THIRD PARTY COSTS (CONTRIBUTION)	£	:	

6 Plan Price

Cost of Funeral Director's Services (4)

£	:	
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Third Party Costs (5)

£	:	
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Funeral Director Arrangement Fee

£	:	
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Total Amount Payable for Payment in Full
(Services + Third Party Costs + Funeral Director Arrangement Fee)

£	:	
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7 Funeral Details

Funeral type
(please tick box):

Burial

Cremation (see burial/cremation information in brochure)

Service at crematorium or cemetery chapel

Service or ceremony before crematorium/cemetery

Place of worship:

Crematorium:

Disposal of ashes:

Coffin type:

Urn type:

8 Grave Details

The purchase of the plot is not included within this plan. If you wish to purchase a plot then this will be done separately.

Name of cemetery:

Certificate no:

Class:

Grave/Lair no:

Section:

Memorial on grave?

Yes

No

If yes - what type of memorial?

9 Additional Information

Please provide any additional information, e.g. choice of music, readings, special instructions, etc.

You can add more information at any time

Please continue on a separate sheet if necessary.

10 Client Declaration

In this application form you may supply us with information that is classed under data protection laws as sensitive, such as race, religion, medical conditions or information relating to a child. This information may be processed to provide you with the services you need. We may share your information with your funeral director. You can withdraw your consent for the use of this data at any time.

I accept the current Independent Way Funeral Plan Terms & Conditions.

Signature of Plan Holder
or their Representative:

Date:

11 Funeral Director Declaration

I, the selected funeral director, confirm that I accept the Independent Way Funeral Plan Terms & Conditions and have checked and agreed the arrangements and costs detailed herein.

Funeral Director's
Signature:

Print
Name:

Date:

Arranged by:
(if different
from above)

Print
Name:

ID:

12 Keeping In Touch

Golden Charter may from time to time provide you with updates to ensure you always have the best information we can provide. We value your privacy and will always handle your personal data in accordance with our privacy policy which can be viewed here: goldencharter.co.uk/privacy-policy. You may contact us at any time by calling 0800 833 800 or emailing contact@goldencharter.co.uk to let us know if you would prefer not to be contacted by us or if you have any queries about the use of your data.

Methods of Payment

Please call us on **0800 833 800** if you require assistance to complete this section.

13 Payment in Full

I enclose a cheque for the **full amount** to the value of £
(Please make all cheques payable to 'Golden Charter Trust')

OR I wish to pay by debit/credit card and have completed Section 16 for the **full amount** to the value of £

14 Payment by Instalments

We offer two options for paying by instalments: spreading the cost of your plan over 12 months at no additional cost, or paying for your plan over any period between two and 30 years, depending on your age when we accept your plan, with our low cost instalments.

Please refer to the separate 'Payment Information Sheet' for details of payments when choosing to pay by 12 monthly payments. For more information on low cost instalments, please contact your local funeral director or call **0800 833 800**.

The minimum deposit for paying by 12 monthly payments and low cost instalments is £49 + Funeral Director Arrangement Fee (if applicable). Please refer to the terms and conditions for further information.

Deposit: £49 Other £

Please select payment method for your deposit: Debit/credit card (Please complete section 16 below)
 OR cheque (Please make cheque payable to 'Golden Charter Trust')

Number of years over which you wish to pay for your plan (1-30):

Monthly instalments of £

Please complete enclosed 'Payment by Instalments Direct Debit Mandate'. Direct Debit payments will be collected on or immediately after the 28th of each month.

15 Payment by Fixed Monthly Payments

Please complete enclosed 'Payment by Fixed Monthly Payments Direct Debit Mandate' for the fixed monthly payment amount of:

£

(Please refer to separate 'Payment Information Sheet' for full information)

You will receive notification of the date your monthly payment will be taken once your plan has been processed. Payments are made to Phoenix Life Limited.

16 Payment by Debit / Credit Card

Payment in full or Pay deposit for instalments

Pay by debit card:  Maestro  VISA DEBIT Visa Debit  VISA Electron

Please insert the amount you are paying by debit or credit card here: £

Pay by credit card:  VISA Visa  MasterCard

Name on card:

Card number:

Valid from: Expires: 1 or 2 digit issue number (if applicable): 3 digit security code (on reverse of card):

Signature:

Date: