

# The Independent Way Funeral Plan

## Application Form APP163-0617

Prices applicable from 1 June 2017



Presented By:

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS AND ENSURE ALL 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"/>
Religion:	<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

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 TO BE COMPLETED IF DIFFERENT TO SECTION 1, PLAN HOLDER

If you are taking out the plan for someone else and do not wish us to write to them, please enter your details below. All future correspondence will be sent to you. Please note where the Fixed Monthly Payment option is selected, AXA Wealth Ltd will contact the plan holder to confirm Direct Debit details only.

The funeral director should not be named as the representative unless specifically requested by the plan holder.

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 FMP-AX

Enquiry Number:

App. Date:  Start Date:

Plan Number:

FD ID:  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"/>	£	:
5 Coffin (See section 8)	<input type="checkbox"/>	£	:
<b>Subtotal value of items 1-5 ticked as included</b>		£	:

Other (please give details)

6 _____	£	:
7 _____	£	:
8 _____	£	:
9 _____	£	:
10 _____	£	:
11 _____	£	:
12 _____	£	:
13 _____	£	:
14 _____	£	:
<b>TOTAL SERVICES</b>	£	:

## 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 All Third Party Admin. Fees	£	<b>249 : 00</b>
7 Newspaper Notices	£	:
8 Floral Tributes	£	:
9 Other (please give details)	£	:
_____	£	:
_____	£	:
_____	£	:
_____	£	:
_____	£	:
<b>TOTAL THIRD PARTY COSTS</b>	£	:

## 6 Plan Price

Cost of Funeral Director's Services (4)

 :

Third Party Costs (5)

 :

Funeral Director Arrangement Fee

 :

Single Payment Price

(Services + Third Party Costs + Funeral Director Arrangement Fee)

 :

## 7 Third Party Shortfall

If the amount you agree with your funeral director to include in your plan for third party costs does not fully cover these, then the extra will need to be paid at the time of your funeral by your family or estate. If you have any questions in the meantime, please call our customer service team on 0800 833 800.

## 8 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:

Urn Type:

Coffin Type:

Coffin Lid:

Open

Closed

## 9 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?

## 10 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.

## 11 Client Declaration

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

Signature of Plan Holder  
or their Representative:

Date:

## 12 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:

## 13 Data Protection

**Use of your data:** Golden Charter and your funeral director may contact you by post, phone or email with information about other products and services which may be of interest to you. If you would prefer not to receive this information, please tick here:

Golden Charter respects your privacy and processes your personal data in accordance with current data protection legislation. Golden Charter and your funeral director will not share your data with third parties for marketing purposes.

# Methods of Payment Please call us on 0800 833 800 if you require assistance to complete this section.

## 14 Payment in Full

I enclose a cheque for the **full amount** to the value of

**OR** I wish to pay by debit/credit card and have completed Section 17 for the **full amount** to the value of

## 15 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 Instalment Payment option.

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

If you are paying by 12 monthly instalments the minimum deposit is £49 + Funeral Director Arrangement Fee (if applicable). If you choose to pay by the Low Cost Instalment Payment option the minimum deposit is £49. Please refer to Terms & Conditions for further information.

Deposit: £49  Other

Please select payment method for your deposit: Debit/credit card  OR cheque

If paying your deposit by debit/credit card, complete **section 17** below. If paying by cheque, please make cheques payable to 'Golden Charter Trust'. Please speak to your local funeral director or call 0800 833 800 for details of your monthly payment amount when paying by the Low Cost Instalment Payment option.

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.**

## 16 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 and Fixed Monthly Payment amounts)

You will receive notification of the date your monthly payment will be taken once your plan has been processed. Payments are made to AXA Wealth Ltd.

## 17 Payment by Debit / Credit Card

Payment in full  or Pay deposit for instalments

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



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