

# f2die4 Funeral Plans - Application Form

Send application to: 6 Arguile Place, Hinckley, Leicestershire, LE10 OGH



The details requested in this form may be required when a death occurs. The more you complete the more you will be helping your executors.

## Section A Plan Holders Details

Plan Holder	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Tel.	<input type="text"/>
Date of Birth	<input type="text"/>	Place	<input type="text"/>
Spouse/Partner	<input type="text"/>	Maiden	<input type="text"/>

**If you are applying for a plan for a third party please complete your details below:**

Plan Applicant	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Tel.	<input type="text"/>

Do you wish them to be notified of the funeral plan and the arrangements you have made? YES/NO

## Section B Important Contact Information

My executors are	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
My solicitors are	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
Relative / friend	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
Relative / friend	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		

The following private details can be completed when this form is returned to you for the benefit of your executors or next of kin. It is not necessary for the application to be completed.

My bank is	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
My building society is	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
Insurance Policies	<input type="text"/>	Pol. No	<input type="text"/>
i.e. Life Policies	<input type="text"/>	Pol. No	<input type="text"/>
Pension office	<input type="text"/>	Dss No	<input type="text"/>
Address	<input type="text"/>		



For advice call 0800 0327 260

www.f2die4.com partners with Golden Leaves Ltd.

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Please complete all the following sections in BLOCK CAPITALS and return this form to your f2die4 agent

## Section C Funeral Details

	Cremation	Burial	Please tick
Funeral Directors Services	Plan Type:		£
Extra Services	1		£
	2		£
	3		£
	4		£
Disbursements			£
For example: costs of religious service, interment of ashes, local or regional difference in cemetery or crematorium fees.			£
			£
			£
	Total		£

My funeral directors are  Tel.

Address

Service to be held at  Religion

Minister to officiate  Tel.

Hymns/readings at service 1

2

3

4

Cremation / Burial at  Tel.

Grave No.  Plot

Name of last person interred  Burial date

Name of the owner of the grave

Directions about memorial

Directions about cremated remains

Further Notes

Please sign below if you have checked all the details on the form and believe they are a true description of the funeral arrangements you require. By signing this form you are confirming that you have read and understood the Terms & Conditions of f2die4 Plans.

Signed \_\_\_\_\_ Date \_\_\_\_\_