Golden Charter Funeral Plans

Application Form APP204-0419

Prices applicable from 1 April 2019



The Simple Way From £3,495 The Traditional Way From £3,850 The Exclusive Way From £4,099

| Presented by | |
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The plan prices shown are standard prices available in most areas of the UK. In a few areas plan prices may vary. We will advise

| you of any variance | ce that applies before proc | essing your applic | cation. | |
|--|---------------------------------|--|---|---------------------------------|
| PLEASE COMPLETE THIS | FORM CLEARLY IN BLOCK CAPI | ITALS AND ENSURE RI | ELEVANT SECTIONS ARE COMPLETED | |
| 1 Plan H | older (The N | Member: |) | |
| Date of Birth: | | First Name(s): | | |
| Mr/Mrs/Ms/Other: | | Surname: | | |
| Address: | | | | |
| | | | | Postcode: |
| Telephone No(s): | | | | |
| Email: | | | | |
| a Dian II | aldawa Nass | L of 1/: | / Evenuter | |
| | | | / Executor (please | |
| If you are also the Re | epresentative on the plan then | please tick this box | (only tick this box if you are taking ou | ut the plan for someone else) |
| Mr/Mrs/Ms/Other: | | First Name(s): | | |
| Relationship: | | Surname: | | |
| Address: | | | | |
| | | | | |
| Postcode: | | Telephone No(s): | | |
| Date of Birth: | | Email: | | |
| z Dlan H | aldaria Dani | ocontat | | |
| Only complete this se fixed monthly paymer | | an for someone else. \ e Limited will contact | We will ensure all future correspondence the plan holder to confirm Direct Debit | |
| The funeral director s | hould not be named as the Rep | resentative unless sp | ecifically requested by the Plan Holder | r |
| Please tick this box to | confirm you have the Plan Holde | er's permission to pass | s their personal information to us and ta | ake out a plan on their behalf. |
| Mr/Mrs/Ms/Other: | | First Name(s): | | |
| Relationship: | | Surname: | | |
| Address: | | | | |
| | | | | |
| Postcode: | | Telephone No(s): | | |
| Date of Birth: | | Email: | | |
| FOR OFFICE USI | E ONLY | | | GC SP-GC IN-GC FP-PX |

Seller ID:

Plan Number:

| 4 Plan Prices | lalac | ase tick hov | | | |
|---|--|---------------------------------|--|--|--|
| | | ase tick box) | | | |
| The Simple Way | From £3,495 | | | | |
| The Traditional Way | From £3,850 | | | | |
| The Exclusive Way | From £4,099 | | | | |
| 5 Personalisation (| Option (Additional services and prices, if applica | able) | | | |
| Funeral Director's Services For example: additional costs for differences in local or regional funeral directors' fees, limousines, viewing arrangements, casket/coffin prices. | | | | | |
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |
| | | f | | | |
| | | f | | | |
| Additional Third Party Costs For ashes, local or regional differences in cemet | or example: costs of religious service, interment of error or crematorium fees. | | | | |
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |
| | | £ | | | |
| | | f | | | |
| | | £ | | | |
| | | £ | | | |
| For an additional £200, guarantee that third par This option is not available for burial or if you ar would like to opt in to the five year guarantee. | tee for Third Party Costs ty costs will be covered if the Plan Holder dies within five years e paying by low cost instalments or fixed monthly payments. F | s of the plan being fully paid. | | | |
| 7 Total Plan Price | Price of plan selected in Section 4: | £ 80X | | | |
| Each plan price in Section 4 includes an allowance of £1,100 | Total price of personalisation option items (5): | f 80X 8 | | | |
| towards third party costs. See terms and conditions. | Five year plan guarantee (6): | f gox c | | | |
| | Funeral director arrangement fee: | £ 80X D | | | |
| | Total Amount Payable for Payment in Full: (Box A + Box B + Box C + Box D) | д 80X E | | | |

| 8 Funeral D | etails | | | | |
|--|--|------------------|-----------------------------|---------------------------|--------------------|
| Funeral type (please tick box): | Burial Sonice at gramaterium or comptany chance | | Cremation (see burial/ | | · |
| | Service at crematorium or cemetery chape | · | Service or ceremony b | eiore crematorium/ci | emetery |
| Place of worship: Crematorium: | | | | | |
| Disposal of ashes: | | | | | |
| Coffin type: | | | | | |
| Urn type: | | | | | |
| Selected funeral director: | Name | | | | |
| | Address | | | | |
| Name of cemetery: Certificate No: Grave/Lair No: | Se | lass: ection: | an. If you wish to purchase | e a plot then this will b | e done separately. |
| Memorial on grave?: Ye | No If yes - What type of mer | morial? | | | |
| You can add more info | , | y additional | | ntinue on a separate | |
| conditions or information relat with your funeral director. You I accept the current Golden C | Claration ay supply us with information that is classed under ing to a child. This information may be processed can withdraw your consent for the use of this data harter Funeral Plans Terms and Conditions. | to provide | you with the services yo | | |
| Signature of Plan Holder or their Representative: | X | | Date: | | |
| I, the selected funeral director, arrangements and costs detailed Funeral Director's Signature: Arranged by: | Pirector Declaration confirm that I accept the Golden Charter Funeral Pled herein. Print Name: | | & Conditions and have c | Date: | ne |
| (If different from above) | Name: | | | ID: | |
| Golden Charter may from tin and will always handle your p | ng In Touch ne to time provide you with updates to ensure you personal data in accordance with our privacy policy ling 0800 833 800 or emailing contact@goldencha t the use of your data. | y which car | be viewed here: golde | ncharter.co.uk/privac | y-policy. You may |

GC SP-GC IN-GC FP-PX

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

Please make all cheques payable to 'Golden Charter Trust'

| 14 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 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 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 our low cost instalments, please contact your local independent funeral director or call 0800 833 800 . | | | |
| The minimum deposit for paying by 12 monthly payments and the low cost instalments is £49. Please refer to the terms and conditions for further information. | | | |
| Deposit: £49 Other f | | | |
| Please select payment method for your deposit: Debit/credit card (Please complete section 17 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 f | | | |
| 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) | | | |
| 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. | | | |
| 17 Payment by Debit / Credit Card | | | |
| Payment in full or Pay deposit for instalments | | | |
| Pay by debit card: VISA DEBIT Visa Debit 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: 1 or 2 digit issue 3 digit security code | | | |
| Valid from: Expires: number (if applicable): (on reverse of card): | | | |
| Signature: X Date: | | | |



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