

Plan number:

Please confirm whether the plan is for: Yourself Someone else Joint plan (You and one named other)

Please confirm whether you wish to purchase:

Set funeral plan

Please complete sections 1, 2 (if applicable), 3, 4, 5, 7, 8 and 9 (if paying by Direct Debit)

Tailor-made funeral plan*

Please complete sections 1, 2 (if applicable), 4, 5, 6, 7, 8 and 9 (if paying by Direct Debit)

*Note: Your application for a tailor-made funeral plan needs to be completed with a funeral colleague. Please find your nearest funeral home by visiting www.prepaidfunerals.coop or call our Funeral Planning team on **0800 454552** to arrange an appointment.

Please complete this form in **BLOCK CAPITALS** using **BLACK** ballpoint pen.

Section 1: Applicant - Your details

All correspondence will go to the applicant's address.

Title: Surname:

First name(s): Date of birth:

Address:

Postcode:

Telephone number:

Email:

Membership number:

If you are the applicant and a member of Central England Co-operative, you are entitled to earn points by purchasing this funeral plan.

Not a member? For more information about Membership, including how to join, please visit www.members.coop

Section 2: Nominee's details

Person whom the funeral plan is for, if different from the applicant (only complete if you are purchasing a plan for someone else, or a joint plan)

Title: Surname:

First name(s): Date of birth:

Address:

Postcode:

Telephone number:

Email:

Relationship to applicant:

Section 3: Select your set plan

I wish to purchase the following funeral plan:

Bretby Simple Stanford Malvern Kensington

If you choose to post your application form to us, **please do not send cash.**
Please complete the total cost of your chosen plan, which can be found on the accompanying document, 'Paying for your funeral plan'. If you are claiming a discount, please deduct it from the plan price.

Financial particulars

Funeral plan total	£	<input type="text"/>
Voucher code <input type="text"/>	-£	<input type="text"/>
Deposit paid	-£	<input type="text"/>
Subtotal	£	<input type="text"/>
Instalment charge (if applicable) 0% <input type="checkbox"/> 9% <input type="checkbox"/> 11% <input type="checkbox"/> 13% <input type="checkbox"/> 15% <input type="checkbox"/>	£	<input type="text"/>
Remaining balance	£	<input type="text"/>

Section 4: About your funeral plan

I wish to purchase a funeral plan for: Burial Cremation

Please name preferred location of burial/cremation:

Or, tick to select nearest available

Do you own deeds to an existing grave? Yes No

If yes, please state Grave number: Section:

If no, please note the burial funeral plan does not include a grave or any additional fees imposed if you live outside of the district or parish boundaries at the time of the funeral. Please speak to our Funeral Planning team for more information.
Please specify your preferred funeral home to conduct the arrangements (if known):

Or, tick to select nearest available home

Section 5: Your special requests

If you would like to add any special requests to your funeral plan, please use the space below, or complete further details on our funeral wishes form to accompany your funeral plan.
Please note, some requests for products/services many incur an additional cost and, where relevant, may be subject to the approval of the relevant church or local authority. No special requests can be applied to the Bretby set funeral plan.

Cortege from:

Special route requests:

Service to be held at:

Return to address:

Religion/name of officiant (if known):

Hymns/music:

Jewellery:

Clothing:

Your wishes for your Cremated Remains, e.g. interment, scattering etc

My wishes regarding visiting: Yes No Family to decide

My wishes regarding embalming: Yes No Family to decide

Section 6: About your tailor-made plan

Estimate - date provided (Estimate valid for 30 days)

Date:

 /

Funeral arrangements (All fees to be itemised)

(Please tick as required)

Price

Bringing you or your loved one into our care	<input type="checkbox"/>	£	<input type="text"/>
Funeral arrangement support	<input type="checkbox"/>	£	<input type="text"/>
Motorised hearse	<input type="checkbox"/>	£	<input type="text"/>
Number of limousines	No: <input type="text"/>	£	<input type="text"/>
Alternative transportation <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
<small>(e.g. horse drawn hearse, motorcycle funeral vehicle etc.)</small>			
Coffin / casket name <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Coffin / casket description <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
<small>(e.g. A polished, oak veneered coffin with raised lid and brass effect handles)</small>			
Floral tribute name <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Floral tribute description <input type="text"/>			
<small>(e.g. 4ft yellow rose and white lily double ended coffin spray)</small>			
Masonry removal and refit	<input type="checkbox"/>	£	<input type="text"/>
Other <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Total funeral arrangements			A £ <input type="text"/>

Third party fees (to be paid out on client's behalf)

Interment / Reopen Grave / Cremated Remains Interment (please select)	<input type="checkbox"/>	£	<input type="text"/>
<small>We cannot include payment in full or any payment towards the cost of a new grave or Cremated Remains plot.</small>			
Crematorium	<input type="checkbox"/>	£	<input type="text"/>
Church fee	<input type="checkbox"/>	£	<input type="text"/>
Officiant's fee	<input type="checkbox"/>	£	<input type="text"/>
Doctor / Medical Examiner Fee (if applicable)	<input type="checkbox"/>	£	<input type="text"/>
Other <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Total third party fees			B £ <input type="text"/>

Contribution towards

Where a contribution is made you will receive this value (£) at the time of the funeral towards the products/services. The balance on these items will be payable on the funeral invoice.

Memorial products <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
<small>(e.g. fingerprint jewellery, ashes glassware) next of kin to decide when making funeral arrangements</small>			
Order of service	<input type="checkbox"/>	£	<input type="text"/>
Newspaper obituary notice	<input type="checkbox"/>	£	<input type="text"/>
Other <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
<small>(e.g. catering, balloons, choir, dove release, bugler etc.)</small>			
Total contributions			C £ <input type="text"/>

Funeral plan sub total A+B+C

(excluding admin fee)

£

Financial particulars

Funeral plan total		£	<input type="text"/>
Voucher code <input type="text"/>		-£	<input type="text"/>
Deposit paid		-£	<input type="text"/>
Subtotal		£	<input type="text"/>
Instalment charge	0% <input type="checkbox"/> 9% <input type="checkbox"/> 11% <input type="checkbox"/> 13% <input type="checkbox"/> 15% <input type="checkbox"/>	£	<input type="text"/>
Administration fee		£	<input type="text" value="250-00"/>
Remaining balance		Total	£ <input type="text"/>

Section 7: Payment

Total funeral plan value £
Deposit paid £
Balance outstanding £
Paid in full Monthly direct debit

Please select your preferred payment method using the tick boxes below:

1. Instalments by Direct Debit

Please tick the appropriate monthly instalment option: 12 months 0% 24 months 9% 36 months 11% 48 months 13% 60 months 15%

Estimate monthly payment: £

You will also need to complete the Direct Debit mandate in Section 9. For set plans, monthly payment amounts and instalment charges (if applicable) are noted in the 'Paying for your funeral plan' leaflet. A confirmed Direct Debit schedule will follow upon receipt of your application.

2. Credit / debit card

Please call me to arrange payment: Telephone no:

Our Funeral Planning team will contact you to arrange payment upon receipt of your application.

I have made payment within a funeral home:

Insert location: Receipt no:

Alternatively contact us on **0800 454552** or **01543 421378** to make payment.

3. BACS

Contact us on **0800 454552** or **01543 421378** to request our bank details and your plan reference number.

4. Cheque

Amount: £ Cheque no: Receipt no:

Please make your cheque payable to Central England Co-operative Funeralcare.

5. Cash

Amount: £ Receipt no:

Cash payment is only accepted if the payment is made at one of our funeral homes.

Details of my Next of Kin / Executor:

Name:

Relationship to funeral plan holder:

Telephone number:

Email:

Section 8: Your declaration

I hereby apply to purchase a funeral plan in respect of the funeral arrangements that I have selected. I accept that the Central England Co-operative funeral plan arrangements will only be provided if I have fully paid the cost of the plan and will in any event be subject to the Central England Co-operative funeral plan terms and conditions. I understand that if I cancel the funeral plan within 30 days, I will be entitled to a refund of all payments made with no cancellation charge applied. If I cancel the funeral plan after 30 days, I will be entitled to a full refund of all payments made, less £350 which is made up of the £250 administration fee and the cancellation charge of £100. If I am paying via instalments, I will also have funds retained for a pro rata value of the instalments since the inception of the funeral plan. I accept that my funeral plan certificate will be issued to me within 28 days of full or final payment.

Please note

The signature must be the person who is applying and paying for the plan. Any refund following a cancellation will be returned to the applicant. Please ensure you sign in the box below to validate your application.

Print name: Date: / /

Signature:

Data Protection Notice

We will use the personal information set out in this form ("your information") for the purposes of administration and analysis and to make our marketing communications of relevance and interest to you. We rely on our legitimate interests as a business - marketing our products and services - as the legal basis under data protection law to use your information in this way.

We will not send electronic marketing information to you without your consent and you will always be given the opportunity every time we contact you to tell us you do not want to receive any further marketing (electronically or otherwise).

We would like to use your information to advise you by post or telephone of similar products, services and offers from us, and also products, services and offers from other companies within our group, including but not limited to: Co-operative Funeralcare, Co-operative Food, Co-operative Memorials, Co-operative Florists, Co-operative Travel, Co-operative Membership that we or they believe will be of interest to you, unless you have indicated otherwise.

If you would like to be contacted for marketing purposes by post or telephone, you can opt-in of such communications by indicating this below:

Co-operative Funeralcare Co-operative Food Co-operative Memorials Co-operative Florists Co-operative Travel Co-operative Membership

We would also like to contact you by electronic means (namely email and/or SMS) about products and services of ours and the other companies within our group you have selected (if any) which we or they believe may be of interest to you.

If you would like to be contacted for marketing purposes by electronic means, you can opt-in of such communications by indicating this below:

Co-operative Funeralcare Co-operative Food Co-operative Memorials Co-operative Florists Co-operative Travel Co-operative Membership

You have the right to object to our processing of any personal information we hold about you (including the use of your information for marketing and related profiling) and may do so at any time by contacting us in writing.

For completion by a funeral colleague - if completed within a funeral home:

Colleague name:

Colleague position:

Funeral home:

Cost centre:

Please return this completed application form to:

Funeral Planning Team, Central England Co-operative, Central House, Hermes Road, Lichfield WS13 6RH
or scan and email to funeral.planning@centralengland.coop

Internal colleagues - please scan and upload to online plan number system

Section 9: Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s)

Bank / Building Society Account Number

Branch Sort Code

 - -

Name and full postal address of your Bank / Building Society

To: The Manager	Bank / Building Society
.....	
Address
.....	
.....	
Postcode

Direct Debits will be taken on the first day of each month.
 If you would like to specify an alternative date please
 enter the date here: (1-28)

The **co-operative** funeralcare
 Central England Co-operative



Originator's Number

For office use only

Reference Number / Plan No

Internal use only

Instruction to your Bank or Building Society

Please pay Central England Co-operative Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Central England Co-operative and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date: / /

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

The Direct Debit Guarantee

- This Guarantee is offered by banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Central England Co-operative will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Central England Co-operative to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Central England Co-operative or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Central England Co-operative asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Additional Information

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