

Family Funeral Details

Your policy includes family funeral insurance, which covers you, your spouse, and all your legal children under the age of 21. Please enter your family's details here

Spouse name: _____	Spouse surname: _____	Date of birth: _____
Child name: _____	Child surname: _____	Date of birth: _____
Child name: _____	Child surname: _____	Date of birth: _____
Child name: _____	Child surname: _____	Date of birth: _____
Child name: _____	Child surname: _____	Date of birth: _____
Child name: _____	Child surname: _____	Date of birth: _____

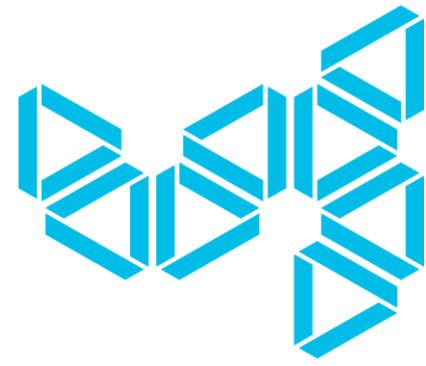
Beneficiary Details

Please provide the details of the people who would be paid out if you were to die. The people you choose should be financially dependent on you or should be people who would look after your dependents after you are gone (e.g. a guardian).

Life cover

Nominate up to 4 people

Name: _____	Surname: _____	Date of birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Name: _____	Surname: _____	Date of birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Name: _____	Surname: _____	Date of birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Name: _____	Surname: _____	Date of birth: _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		



Family Funeral cover

Nominate the person who should receive the benefit if you die. You would receive the benefit if any of the other covered persons die.

Name: _____ Surname: _____ Date of birth: _____
Relationship: Spouse Child Other

Your name & surname: _____ ID number: _____

Signature: _____ Date: _____