

## FUNERAL ASSISTANCE BENEFIT APPLICATION

### APPLICANT'S DETAILS

Mr/Mrs/Miss/Ms

SURNAME

GIVEN NAMES

Postal address:

Post code:

Tel home: (    )

Tel bus: (    )

Fax: (    )

Mobile (    )

Date of birth:    /    /

Present age:

Sex: M / F

Email:

Preferred time to be contacted (am, pm, evening):

Occupation:

Marital Status:

Partner

Single

Divorced

Married

Widow(er)

### MEMBERSHIP DETAILS

Are you already a member of Manchester Unity?

 Yes 

 No 
*(If you are not, please complete the attached Manchester Unity Membership Application form and return it with this proposal)*

### STATEMENT OF HEALTH

Has a medical practitioner ever expressed an unfavourable opinion on your life?

 Yes 

 No 

Are you aware of any existing condition which would require medical treatment?

 Yes 

 No 

If you have answered yes to either question please give full details below, including doctor's name and contact details: (use separate sheet if necessary)

**Funeral Assistance Benefit** - can be taken in units of \$500 (minimum \$500, maximum \$10,000)

**Prepaid Funeral Benefit** - can be taken in units of \$1000 (minimum \$1000, maximum \$10,000)

#### I WISH TO:

 Take a Funeral Assistance Benefit - cover required \$ \_\_\_\_\_

 Increase existing Funeral Assistance Benefit - additional cover required \$ \_\_\_\_\_

 Take a Prepaid Funeral Benefit\* - cover required \$ \_\_\_\_\_

 Increase existing Prepaid Funeral Benefit\* - additional cover required \$ \_\_\_\_\_

 **Total funeral benefit cover required** \$ \_\_\_\_\_

 **Total quarterly contributions** (see brochure) \$ \_\_\_\_\_

 I have read and understood a Manchester Unity investment statement.

 \*I understand that the Prepaid Funeral Benefit does not accrue any bonuses or increases by way of appropriation of surplus.

*Declaration: I agree to accept and abide by the registered rules of Manchester Unity, and declare that these questions have been answered correctly. Please accept my application to join the Funeral Benefit Fund. Any doctor or other medical practitioner who has been or may be consulted myself or my dependants is requested and directed to provide Manchester Unity or any legal tribunal with such information as may be required. These benefits are only payable at death; or for Funeral Assistance Benefit, if over the age of 75, on the death of your spouse.*

**I acknowledge that no benefit shall be payable until my application has been accepted by the Chief Executive Officer of Manchester Unity**

**FAILURE TO MAKE FULL DISCLOSURE MAY JEOPARDISE YOUR POLICY**

Dated:

Signature:

For Funeral Assistance Benefit, application must be made after the 15th and prior to the 65th birthday of the person whose funeral is to be funded. Existing members between the ages of 65 and 75 may increase their Funeral Assistance Benefit up to a maximum of \$5000. Appropriate membership conditions apply. An Investment Statement and a Registered Prospectus may be obtained free of charge upon request from any branch of Manchester Unity or by contacting Manchester Unity at 142 Lambton Quay, Wellington, PO Box 5083, Wellington 6040. The personal information provided in this form is collected and will be held by Manchester Unity at 120 Lambton Quay, Wellington, to enable it to administer funds and improve existing and new services and products offered to its members. Under the Privacy Act 1993 you have the rights of access to and correction of your personal information. The details you provide will only be used to enable Manchester Unity to supply you with the information requested. If you do not disclose all requested information where applicable, cover may not be available.

**SEND YOUR COMPLETED FORM TO:** Manchester Unity Friendly Society, Freepost 2016, PO Box 5083, Wellington. no stamp required