

FUNERAL PLAN APPLICATION FORM

I am applying for a Funeral Plan Policy as **(Tick box)**: a **Member** or a **Dependent**
**Dependent means the spouse or child of a Member*

Applicant's Details:

**If you are applying as a Dependent of a Member, please also complete the "Applicant's Member's Details" section below.*

Membership Number
 (if the applicant is a Manchester Unity Member):

Full Name: _____

Address: _____

Contact Phone Numbers: Home: _____ Work: _____ Cell phone: _____

Email Address: _____

Date of Birth: ____/____/____

Cover Amount

*(*Tick requested Cover Amount):*

\$2,500 \$5,000 \$7,500 \$10,000

Premium Payment Frequency

*(*Tick frequency for payment of your Premium Amount. All Premium Amounts are payable by direct debit.):*

Fortnightly Monthly 3-monthly Annually

Applicant's Member's Details

*(*Only complete if you are applying as a Dependent)*

Membership Number

Full Name: _____

Address: _____

Contact Phone Numbers: Home: _____ Work: _____ Cell phone: _____

Email Address: _____

Date of Birth: ____/____/____

Additional information

Please state any additional information that may be relevant to your application for insurance cover under the Policy:

Rating disclosure

Manchester Unity is an insurer licensed by the Reserve Bank of New Zealand under the Insurance (Prudential Supervision) Act 2010. For more information on our Financial Strength rating visit our website www.manchesterunity.org.nz/about-us/ and click on Our Financial strength & disclosures.

Applicant's declaration – please read and sign this statement:

I have completed this application truthfully and accurately and disclosed all information that may be relevant to the insurance cover I am applying for. I understand that Manchester Unity Friendly Society relies on the information I provide to determine whether to provide cover; that (on acceptance) this application will form part of the Policy; and that if I fail to complete this application truthfully and accurately, and/or fail to disclose all relevant information, then Manchester Unity may choose to void the Policy from the beginning; cancel the Policy; refuse to pay any claim under the Policy and/or alter the Policy by adjusting the Premium Amount and/or the Cover Amount.

Applicant's Signature: _____

Date: ____/____/____

Applicant's Member's Signature: _____

Date: ____/____/____

*(*If a Dependant of a Member is the Applicant, the Member must also sign.)*

Send your completed application form and direct debit authority to:

Manchester Unity Friendly Society, Freepost 2016, PO Box 5083, WELLINGTON 6140

Office Use Only:

Policy Start Date: _____

Premium Amount: _____