

The Society of Willwriters - TenMinuteWill Application Form

In Partnership with



The details requested in this form may be required when a death occurs. The more you complete the more you will be helping your executors.

Section A

Plan Holders Details

Plan Holder	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
Post Code	<input type="text"/>	Tel.	<input type="text"/>		
Date of Birth	<input type="text"/>	Place	<input type="text"/>		
Spouse/Partner	<input type="text"/>	Maiden	<input type="text"/>		

If you are applying for a plan for a third party please complete your details below:

Plan Applicant	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Post Code	<input type="text"/>
Tel.	<input type="text"/>

Do you wish them to be notified of the funeral plan and the arrangements you have made? YES/NO

Section B

Important Contact Information

My executors are	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
My solicitors are	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
Relative / friend	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
Relative / friend	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		

The following private details can be completed when this form is returned to you for the benefit of your executors or next of kin. It is not necessary for the application to be completed

My bank is	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
My building society is	<input type="text"/>	Tel.	<input type="text"/>
Address	<input type="text"/>		
Insurance Policies	<input type="text"/>	Pol. No.	<input type="text"/>
i.e. Life Policies	<input type="text"/>	Pol. No.	<input type="text"/>
Pension office	<input type="text"/>	Dss No.	<input type="text"/>
Address	<input type="text"/>		



For advice call 0800 85 44 48

www.goldenleaves.co.uk

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Section C

Funeral Details

	Cremation <input type="checkbox"/>	Burial <input type="checkbox"/>	Please tick
Funeral Directors Services	Plan Type		£
Extra Services	1		£
	2		£
	3		£
	4		£
Disbursements			£
<i>For example: costs of religious service, interment of ashes, local or regional difference in cemetery or crematorium fees.</i>			
		Total	£
My funeral directors are		Tel.	
Address			
Service to be held at		Religion	
Minister to officiate		Tel.	
Hymns/readings at service	1		
	2		
	3		
	4		
Cremation / Burial at		Tel.	
Grave No.		Plot	
Name of last person interred		Burial date	
Name of the owner of the grave			
Directions about memorial			
Directions about cremated remains			
Further Notes			

Please sign below if you have checked all the details on the form and believe they are a true description of the funeral arrangements you require. By signing this form you are confirming that you have read and understood the Terms & Conditions of Golden Leaves Plans.

Signed _____ Date _____

Data Protection Act

- Golden Leaves collects personal details from customers to help improve services and enable us to highlight information. We never sell these to other organisations for marketing purposes. If you would prefer not to receive details about goods and services we offer, please tick the box.
- We may wish to contact you about such products and services by email or other electronic means; if you wish us to contact you by this method please opt in by ticking this box.