

|                 |            |                |                |                   |                   |                  |
|-----------------|------------|----------------|----------------|-------------------|-------------------|------------------|
| OFFICE USE ONLY | Introducer | PFA/IFA        | Date of Entry  | Prop Input Signed | Prop Doc Produced | New Bus Doc CHKD |
|                 |            |                |                |                   |                   |                  |
| PROP NO:        | MEMBER NO: | POLICY NUMBER: | NOMINATION NO: | NOMINEE NO:       |                   |                  |

## FUNERAL EXPENSES POLICY GUARANTEED ACCEPTANCE

**RED ROSE ASSURANCE**  
Making Mutuality Meaningful

### PERSONAL DETAILS

Please complete fully in block capitals  
Life Proposed

### NOMINEE DETAILS

In the event of my death, the proceeds of this Policy (Subject to a maximum of £25,000 under Current nomination rules) are to be paid to:

|                 |                             |  |             |                             |  |
|-----------------|-----------------------------|--|-------------|-----------------------------|--|
| TITLE:          | SURNAME:                    |  | TITLE:      | SURNAME:                    |  |
| FORNAMES:       | D.O.B.:                     |  | FORENAMES:  |                             |  |
| ADDRESS:        |                             |  | ADDRESS:    |                             |  |
| ADDRESS:        | POST CODE:                  |  | ADDRESS:    |                             |  |
| MARITAL STATUS: | OCCUPATION:                 |  | POST CODE:  | TEL NO:                     |  |
| TEL NO:         | AGE NEXT BIRTHDAY AT ENTRY: |  | SUM ASSURED | PREMIUM<br>Calendar Monthly |  |

Should you wish to change your nominee at a later date, simply  
Write to us with the new details.

|  |  |
|--|--|
|  |  |
|--|--|

DO YOU SMOKE OR HAVE YOU SMOKED CIGARETTES IN THE PAST 12 MONTHS?  
If you intend to smoke cigarettes in the future tick "YES" - If you only intend to smoke cigars or a pipe tick "NO"

YES  NO

**General Data Protection Regulation (GDPR)** We take your privacy seriously and will only use your personal data to administer the policy and provide products and services you have requested from us. Full details of our GDPR policy and the Privacy Statement can be found on the website. You must sign our GDPR Document before we can process your application.

This product meets the demands and needs of those who wish to pay a fixed monthly amount to provide a lump sum on the death of the applicant at least 2 years after commencement of the policy. The lump sum may increase with the addition of bonuses.

**A COPY OF THE POLICY CONDITIONS AND OF THIS PROPOSAL WILL BE AVAILABLE ON REQUEST**

I declare that to the best of my knowledge and belief the above statements are true and no material facts have been withheld. I agree that these statements shall form the basis of the proposed contract of Assurance between me and The Red Rose Friendly Society Limited and that I will be bound by the terms and conditions of the Policy and the rules of the Society from time to time in force. I apply for membership Of the Society, on behalf of myself.

SIGNATURE: ..... DATE : .....

### FOR OFFICE USE ONLY

I accept this proposal on behalf of the Society under the rules of table OB A (93) guaranteed acceptance

C.C.T.L/B.D.M: ..... DATE: .....

The Red Rose Friendly Society Limited, Parkgates, 52a Preston New Road, Blackburn, Lancashire, BB2 6AH Freephone: 0800 7310072 facsimile: 01254 222705  
email: info@redroseassurance.co.uk-Established 1863, incorporated under The Friendly Societies Act 1992, Reg. No 43 Coll.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority . 23/04/14

Sept 2018