

# Funeral Plan Application Form

## First Applicant

Mr  Mrs  Ms  Miss  Other

Title Last Name

First Name Middle Name

Date of Birth Age Gender  Male  Female

Address

Address

Home Telephone Business Telephone

Mobile Telephone Email

Have you smoked tobacco in the last 12 months?  Yes  No

## Second Applicant

Mr  Mrs  Ms  Miss  Other

Title Last Name

First Name Middle Name

Date of Birth Age Gender  Male  Female

Address

Address

Home Telephone Business Telephone

Mobile Telephone Email

Have you smoked tobacco in the last 12 months?  Yes  No

When filling out this form please ensure you use a ballpoint pen

**Select the amount of cover you would like to purchase** (Please tick your chosen cover)

\$5,000     \$7,500     \$10,000     \$15,000

**Premium payment method**

I/We wish to pay my premium monthly  
(Please complete a direct debit form)

**Declaration**

I/We declare that the information above is true and correct and forms the basis of the proposed contract between me and Dorchester Life Limited, underwriter of this plan. I/We understand that cover will not commence until this form is received, fully completed, at DorchesterLife Head Office. I/We also understand the information provided in this form will be held by Dorchester Life Limited, Level 9, 34 Shortland Street, Auckland 1010, PO Box 3153, Shortland Street, Auckland 1104 and may from time to time be used to send me details of other products and services available to me/us as a policyholder(s) (unless I/We advise DorchesterLife I/We do not wish to receive this information) and I/We have certain rights of access to and correction of the information held by DorchesterLife. If you do not wish to receive information from DorchesterLife please tick here.

Life insured's Signature(s)

Date

Please post this completed application to:

FreePost Authority Number: 158839  
DorchesterLife, PO Box 3153  
Shortland Street  
Auckland 1104