

# The Funeral Trust

## APPLICATION TO JOIN THE FUNERAL TRUST

(This form is available to assist with application, but the information must still be entered online)

APPLICANT INFORMATION			
Full name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Are you the main participant?	YES/NO	Is this a joint application?	YES / NO
Gender:	MALE / FEMALE		
Date of birth:	DD / MM / YYYY	Birth Place:	
Ethnicity:			
Marital Status:			
Occupation/Profession:			
APPLICANT CONTACT DETAILS			
Home phone number:	<i>* A home or mobile phone number is required</i>		
Mobile number:	Work phone number:		
Email:			
House/Unit Number:			
Street:			
Suburb:			
City:	Postcode:		
PARTICIPANT INFORMATION (if other than the applicant)			
Full name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Gender:	MALE / FEMALE		
Date of birth:	DD / MM / YYYY	Birth Place:	
Ethnicity:			
Marital Status:			
Occupation/Profession:			
PRIVACY STATEMENT			
This information is being collected by the funeral director shown below, for <b>The Funeral Trust</b> . The information will be held by the <b>Funeral Directors Association NZ</b> , the Funeral Director, The Funeral Trust Administration Manager and Investment Manager, who will use it to process your application, administer participation and to pay benefits. The Privacy Act 2020 allows you to access and correct any personal information about you. Either the Applicant or the Participant can obtain information about The Funeral Trust including an estimate of the Applicant Funds balance, at any time. If you do not supply the information sought your application may be declined.			
PRIMARY PARTICIPANT'S PARENTS			
This information will be a source of information when completing formal documentation with Department of Internal Affairs			
Father's Full Name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Occupation / Profession:			
Mother's Full Name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Mother's Maiden Name:			

### Enquiries & Information

Information about The Funeral Trust is available through the website. Further information is available by contacting the manager of the plan.  
Free phone: 0800 332 693 | [www.thefuneraltrust.co.nz](http://www.thefuneraltrust.co.nz) | [info@thefuneraltrust.co.nz](mailto:info@thefuneraltrust.co.nz)

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Occupation / Profession:			
<b>LIVING CHILDREN DATES OF BIRTH &amp; GENDER</b>			
This information will be a source of information when completing formal documentation with Department of Internal Affairs			
Child 1 :	DD /MM / YYYY	Gender:	
Child 2 :	DD /MM / YYYY	Gender:	
Child 3 :	DD /MM / YYYY	Gender:	
Child 4 :	DD /MM / YYYY	Gender:	
<b>SPOUSE'S INFORMATION (Only fill if this is a joint application)</b>			
This information will be a source of information when completing formal documentation with Department of Internal Affairs			
Full name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Gender:	MALE / FEMALE		
Date of birth:	DD / MM / YYYY	Birth Place:	
Ethnicity:			
Marital Status:			
Occupation/Profession:			
<b>SPOUSE'S PARENTS (Only fill if this is a joint application)</b>			
This information will be a source of information when completing formal documentation with Department of Internal Affairs			
Father's Full Name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Occupation / Profession:			
Mother's Full Name:			
<i>Rev / Prof / Dr / Mr / Mrs / Miss / Ms</i>			
Mother's Maiden Name:			
Occupation / Profession:			
<b>FUNERAL PREARRANGEMENTS</b>			
This information assists in prearranging the services you may require.			
Funeral Service at:			
Officiant:	Region (if any):		
Cremation or Burial?	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial	Plot (if any):	
		Plot type:	
		<input type="checkbox"/> New	
		<input type="checkbox"/> Reopen	
		<input type="checkbox"/> Reserve	
		<input type="checkbox"/> Ordinary Depth	
		<input type="checkbox"/> Two Deep	
		<input type="checkbox"/> Three Deep	
Newspaper Notices:			
Casket Type:			
Ashes Disposal:			
Floral Arrangement:			
<b>PERSON / ORGANIZATION TO BE NOTIFIED</b>			
This is the person/organization to be contacted on death			
Full name:			

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1. Disbursements – Determine which services you would like to obtain and place an estimated value (Note: These services and prices are indicative and may charge). Select as many or as few as you would like.
2. Payment Method and Details - Select whether your payment will be single payment for instalments.
3. Provide the required identification.

## DISBURMENTS

Where the price of any service, merchandise or disbursement is shown and the actual price at the time of the funeral is more than that amount, the difference will be met first from the balance of the Applicant Funds held on trust (if applicable), with any balance being paid by the estate of the Participant(s).

Services	Primary Participant	Spousal Participant
Professional Services <i>(including removal, hygienic preservation preparing and filing documentation, directing funeral)</i>	\$	\$
Removal / Transfers	\$	\$
Casket	\$	\$
<i>Death Notices (instead of Newspaper Notices)</i>		
Care of the body	\$	\$
Newspaper Notices	\$	\$
Reception/Lounge Hire	\$	\$
Services Sheets	\$	\$
Minister/Celebrant	\$	\$
Organist/Music	\$	\$
Flowers	\$	\$
Audio Visual	\$	\$
Catering	\$	\$
Ashes Placement**	\$	\$
Memorial Work**	\$	\$
Death Certificate	\$	\$
Cemetery/Cremation Fees/Medical Certificate**	\$	\$
<i>**May be allocated only to the first funeral of two or more Joint Applications</i>		
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

## PAYMENT METHOD *(choose one)*

- Single Payment: Internet Banking into account **03-0584-0197571-00**  
*Please include your Account Number as the Reference*
- Instalments/Automatic Payment: Regular payment amount \$\_\_\_\_\_ (minimum initial payment \$200, then \$20 per fortnight)  
*Please attach the Automatic Payment Form with this application.*

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## IDENTIFICATION

Please attach a copy of your ID. Spouse ID is only required if this is a joint application.

ID number:

Spouse ID Number:

*ID needs to be:*

**ONE** of NZ Driver's License, NZ Passport or NZ Firearms License

OR

any **TWO** of Credit or Debit card, New Zealand Birth Certificate, Certificate of Identity, Citizen Certificate, or Community Services/ Goldcard

## WHAT HAPPENS NEXT?

Once the application has been submitted and funds received, a certificate of participation will be provided to the applicant/s.

### Free look provision

If for any reason you are not satisfied with the provisions of the Trust, you may, within 21 days from application, cancel the agreement and receive a full refund of any amount paid.

## SIGNATURE OF APPLICATION/S

Signature of Applicant/s:

Date: DD / MM / YYYY

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