

RED ROSE  
OFFICE  
USE

Family Member ID

Policy Number

Date of Entry

Prop Input

Prop Doc

New Bus

**THE RED ROSE FRIENDLY SOCIETY LIMITED**

**FAMILY GROUP FUNERAL PLAN**

**RED ROSE ASSURANCE**  
*Making Mutuality Meaningful*

**A COPY OF THIS PROPOSAL WILL BE AVAILABLE ON REQUEST**

I declare that to the best of my knowledge and belief, the below 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.

SUM  
ASSURED

MONTHLY  
PREMIUM

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

MEMBER NO:

**PERSONAL DETAILS MEMBER 1 Please complete fully in block CAPITALS**

TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:
ADDRESS:				
POST CODE:		MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:		

**CLAIM**

Mode of Exit ..... Amount Paid: £ .....  
Claim Number: ..... Date of Exit .....

MEMBER NO:

**PERSONAL DETAILS MEMBER 2**

DATE OF ENTRY:

RELATIONSHIP TO MEMBER 1:

TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:
ADDRESS:				
POST CODE:		MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:		

**CLAIM**

Mode of Exit ..... Amount Paid: £ .....  
Claim Number: ..... Date of Exit .....

MEMBER NO:

**PERSONAL DETAILS MEMBER 3**

DATE OF ENTRY:

RELATIONSHIP TO MEMBER 1:

TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:
ADDRESS:				
POST CODE:		MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:		

**CLAIM**

Mode of Exit ..... Amount Paid: £ .....  
Claim Number: ..... Date of Exit .....

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

13082013

MEMBER NO:		<b>PERSONAL DETAILS MEMBER 4</b>		DATE OF ENTRY:	RELATIONSHIP TO MEMBER 1:
TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:	
ADDRESS:					
		POST CODE:	MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:			
<b>CLAIM</b>					
Mode of Exit .....			Amount Paid: £ .....		
Claim Number: .....			Date of Exit .....		

MEMBER NO:		<b>PERSONAL DETAILS MEMBER 5</b>		DATE OF ENTRY:	RELATIONSHIP TO MEMBER 1:
TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:	
ADDRESS:					
		POST CODE:	MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:			
<b>CLAIM</b>					
Mode of Exit .....			Amount Paid: £ .....		
Claim Number: .....			Date of Exit .....		

MEMBER NO:		<b>PERSONAL DETAILS MEMBER 6</b>		DATE OF ENTRY:	RELATIONSHIP TO MEMBER 1:
TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:	
ADDRESS:					
		POST CODE:	MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:			
<b>CLAIM</b>					
Mode of Exit .....			Amount Paid: £ .....		
Claim Number: .....			Date of Exit .....		

I accept this proposal on behalf of the Society under the rules of table OB L guaranteed acceptance

Red Rose Chief Executive Officer ..... DATE: .....

**SUPPLEMENTRY FAMILY PROTECTION  
POLICY GUARANTEED ACCEPTANCE**

**PERSONAL DETAILS FOR NEW MEMBER**

Please complete fully in block capitals

MEMBER NO:		DATE OF ENTRY:		RELATIONSHIP TO MEMBER 1:	
TITLE:	SURNAME:	FORENAMES	D.O.B:	AGE NEXT BIRTHDAY AT ENTRY:	
ADDRESS:					
		POST CODE:	MARITAL STATUS:	OCCUPATION:	
TEL NO:	MOBILE NO:	EMAIL ADDRESS:			

CLAIM	
Mode of Exit .....	Amount Paid: £ .....
Claim Number: .....	Date of Exit .....

**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 :** .....

**OFFICE USE ONLY**

POLICY NUMBER:	MEMBER NO DECEASED:	NOMINEE NO:
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