

**THE RED ROSE FRIENDLY SOCIETY LIMITED**

**FAMILY GROUP FUNERAL PLAN**

**RED ROSE ASSURANCE**

*Making Mutuality Meaningful*

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  
No-43 Coll  
Registered in the U.K.

Authorised by the Prudential Regulation  
Authority and regulated by the Financial  
Conduct Authority and the Prudential Regulation  
Authority

**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.

**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 premium to provide life cover for the applicant and up to 5 other family members with guaranteed acceptance and cover after 18 months after commencing the policy.

Signature: .....

Date: .....

SUM  
ASSURED

MONTHLY  
PREMIUM

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 .....

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 .....		

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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:			
<b>CLAIM</b>					
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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