

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

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.

SUM
ASSURED

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.

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:		PERSONAL DETAILS MEMBER 4		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 5		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 6		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		

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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:

**SUPPLEMENTARY 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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