

# Funeral Plan Alteration Form



Please complete this form clearly in black ink and BLOCK CAPITALS

Beneficiary's name  Plan no.   
 Arranging firm   
 ID/reference no.

**Change of address** (please tick as appropriate)

- Plan Beneficiary    Planholder or Purchaser    Next of Kin    Executor    Personal Representative

New Address   
  
 Postcode   
 Telephone  Fax

Please tick here if this is a change of the Correspondence Address for the Plan

- PLAN ADDITION(S)    PLAN REMOVAL(S) (please tick as appropriate)

**Funeral director's costs**

<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<b>TOTAL (A)</b>	£

**Third party contribution**

<input type="text"/>	£
<input type="text"/>	£
<input type="text"/>	£
<b>TOTAL (B)</b>	£

**Total change in value of Plan (A+B)**  £

For plan additions, please enclose a cheque payable to **Ecclesiastical Planning Services or EPS**.

**To be completed by the client**

I confirm I have read, understood and accept the relevant Terms and Conditions, and that all information given is correct. For plan additions, I understand that any Plan Growth will commence from the date the payment is received.

Signed  Date

**To be completed by the funeral director**

I confirm acceptance of the details within this form and undertake to fulfil all services under this Plan in accordance with the relevant Terms and Conditions. I confirm that to the best of my knowledge all information supplied is correct.

Signed  Date

**Please send the original signed copy to Ecclesiastical Planning Services and give a copy to your client.**

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