



Pure Reflections

End of life Celebration & Resomation

PURE PLANNING PREPAID FUNERAL APPLICATION

Person to be covered by the plan

Name (Mr./Ms./Mrs.):

Address 1:

Address 2:

Eircode:

Email Address:

Phone Number:

Date of Birth:

Age:

My Nominated Representative

The Nominated Representative is the person who will be the contact for your funeral.

☐ Please tick this box if you choose not to provide a Nominated Representative.

Name (Mr./Ms./Mrs.):

Email Address:

Phone Number:

Relationship to Plan Holder (i.e Son, Daughter, Husband, Wife, Partner, Friend):

Please provide the contact details of your doctor:

Name:

Phone Number:

Email Address:

Name of the facility they work at:

Choose your payment plan

☐ Option 1: Single Payment Plan

☐ Single Payment Plan Without Committal Service (€3999)

☐ Single Payment Plan With Committal Service (€4599)

I wish to pay for my plan in a single payment of by:

☐ Card

☐ Bank Transfer

☐ Cash

☐ Cheque

☐ **Option 2: Monthly Instalment (A 5.25% Interest Rate Applies)**

☐ **Monthly Instalment Plan Without Committal Service**

I would like to pay for my plan over one of the following terms:

☐ **1-Year Plan**

Total cost of €4,210 at €350 per month for 12 months, with coverage beginning after one year of up-to-date payments.

☐ **2-Year Plan**

Total cost of €4,420 at €184 per month for 24 months, with coverage beginning after two years of up-to-date payments.

☐ **Monthly Instalment Plan With Committal Service**

I would like to pay for my plan over one of the following terms:

☐ **1-Year Plan**

Total cost of €4,840 at €404 per month for 12 months, with coverage beginning after one year of up-to-date payments.

☐ **2-Year Plan**

Total cost of €5,082 at €212 per month for 24 months, with coverage beginning after two years of up-to-date payments.

If the plan holder passes away before completing the instalment payments, the remaining balance will need to be settled to ensure the funeral services are provided. If the plan holder passes away after the instalment period, no additional payment will be required, and the funeral will be provided according to the plan.

If the person dies and the 'at need' cost of a private resomation is lower than the single payment cost, the 'at need' cost will apply.

☐ **Option 3: Financed Payment Prepaid Funeral Plans**

☐ **Financed Payment Plan without Committal Service**

Cost: €3,999

Downpayment: €500

Balance: €3,499

Interest: 5.25%

I would like to pay for my plan over one of the following terms:

☐ **1-Year Plan**

A downpayment of €500 with the remaining balance of €3,684 (€3,499 plus 5.25% annual interest) at €307 per month for 12 months, with coverage beginning after one year of up-to-date payments.

☐ **2-Year Plan**

A downpayment of €500 with the remaining balance of €3,888 (€3,499 plus 5.25% annual interest for 2 years) at €162 per month for 24 months, with coverage beginning after two years of up-to-date payments.

☐ **Financed Payment Plan with Committal Service**

Cost: €4599

Downpayment: €500

Balance: €4,099

Interest: 5.25%

I would like to pay for my plan over one of the following terms:

☐ **1-Year Plan**

A downpayment of €500 with the remaining balance of €4,320 (€4,099 plus 5.25% annual interest) at €360 per month for 12 months, with coverage beginning after one year of up-to-date payments.

☐ **2-Year Plan**

A downpayment of €500 with the remaining balance of €4,536 (€4,099 plus 5.25% annual interest for 2 years) at €189 per month for 24 months, with coverage beginning after two years of up-to-date payments.

Payment Options

If you opt for one of our **Single Payment Plans**, you can complete the payment through a bank transfer or by card over the phone.

Bank Transfer

IBAN: IE07 AIBK 9321 8365 7531 16

BIC: AIBKIE2D

If you choose to pay by **Monthly Instalments and Financed Payment Prepaid Funeral Plans**, kindly let us know and we will send the Standing Order Form to your email.

Agreement and Signature

By signing this agreement, I confirm that:

- I wish to purchase the Pure Plan as detailed above.
- I understand that this Application Form and the Terms & Conditions attached will comprise the agreement for my Funeral Plan.

Signature of Plan Holder:

Date: