

# Your Circumstances Form

Please complete the information below and submit it to us, either with an Application Form or by itself including the existing plan number. You should also keep a copy on your records.

## Funeral director

Name of arranger

Funeral director's firm name

Funeral director's address

Postcode

Tel. no.

Date of notification to plan provider

 /  / 

Who do the special circumstances apply to?

Covered individual

Joint covered individual

Planholder

Nominated representative

## Planholder

Title

First name(s)

Surname

Address

Postcode

Plan no.

Type of interaction with customer

In person

On the phone

In a letter

By email

## Person the special circumstances apply to (if different to Planholder)

Title

First name(s)

Surname

## Your circumstances

Action(s)/process change(s) required e.g. large print

How was this requirement identified?

The person concerned told me

The nominated representative told me

A family member or friend told me

I drew my own conclusion

Category

Health

Life event

Resilience

Capability

Other

Do you have permission to record this information and to share it with us?

Yes

No

Is the special circumstance(s)

temporary or

permanent?

If temporary, what is the expected end date?

 /  /