

FUNERAL PLAN ARRANGEMENT FUNDED BY INSURANCE

I understand that this sheet does not represent items bought or sold today and is not a contract to do so. These figures represent an estimate of the costs of my funeral preferences, to be paid with an increasing cash value and death benefit in the funding policy. NGL policy number _____

Name _____ Signature _____ Date _____
 Mortuary or Funeral Service Provider _____

SECTION I – SERVICES	
Funeral Package, describe: _____ \$ _____	
For details, please refer to a copy of the General Price List dated _____	
ITEMIZED SERVICES	
Basic services of funeral director and staff	\$ _____
Transfer of deceased to funeral home	\$ _____
____ miles @ \$ ____ per mile	\$ _____
Embalming (if required)	\$ _____
Other preparation	\$ _____
Use of facility for viewing	\$ _____
Use of facility & staff for ceremony	\$ _____
	Funeral coach _____ \$ _____
	Utility vehicle _____ \$ _____
	Family car (limo.) _____ \$ _____
	Other (specify) _____ \$ _____
	SUBTOTAL – SECTION I \$ _____

SECTION II – MERCHANDISE	
CASKET \$ _____ Name _____ Description _____ Interior fabric/color _____ Exterior material/color _____ Gauge weight (where applicable) _____ _____	OTHER MERCHANDISE \$ _____ Alternative container _____ Urn _____ Marker _____ Memorial Package _____ _____
OUTER BURIAL CONTAINER \$ _____ Name _____ Description _____	SUBTOTAL – SECTION II \$ _____

SECTION III - MISC. ITEMS	
Memorial Package	\$ _____
Obituary Notices	\$ _____
Death Certificates	\$ _____
____ copies @ \$ ____ each copy	\$ _____
Flowers	\$ _____
Clergy honorarium	\$ _____
Musician honorarium	\$ _____
Reception	\$ _____
Grave opening and closing	\$ _____
Setting fees (vault, etc.)	\$ _____
Sales tax	\$ _____
Other _____	\$ _____
SUBTOTAL - SECTION III	\$ _____

SUBTOTAL - SECTIONS I & II \$ _____

TOTAL - SECTIONS I, II, & III \$ _____

PAYMENT PLAN OPTIONS	
Health Classification _____	
Single Premium	\$ _____
Three-Year	\$ _____ per month
Five-Year	\$ _____ per month
Seven-Year	\$ _____ per month
Ten-Year	\$ _____ per month
Other	\$ _____
	\$ _____



NGL Agent Number _____
 Insurance License No. _____

 (agent signature) _____

 (date)