

PLAN WORKSHEET

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. NGLpolicy 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	\$	Funeral coach	\$
Transfer of deceased to funeral home	\$	Utility vehicle	\$
____ miles @ \$ ____ per mile	\$	Family car (limo.)	\$
Embalming (if required)	\$	Other (specify)	\$
Other preparation	\$		
Use of facility for viewing	\$		
Use of facility & staff for ceremony	\$		
Use of equip. & staff for ceremony	\$	SUBTOTAL – SECTION I	\$

SECTION II – MERCHANDISE

CASKET	\$	OTHER MERCHANDISE	\$
Name _____		Alternative container	
Description _____		Urn	
Interior fabric/color _____		Marker	
Exterior material/color _____		Memorial Package	
Gauge weight (where applicable)			
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 OPTONS	
Health Classification	
Single Premium	\$ _____
Three-Year	\$ _____ per month
Five-Year	\$ _____ per month
Seven-Year	\$ _____ per month
Ten-Year	\$ _____ per month
Other	\$ _____
	\$ _____