



## 1 CHOOSE A PROVIDER

The Dignity Memorial network consists of more than 1,600 funeral, cremation and cemetery providers across North America. Select the name and address of the funeral or cremation provider you'd like to use. Please refer to the letter that came with this kit for the provider name and address or call our Customer Service Center for assistance.

Provider Name: _____	(or) <input type="checkbox"/> Please select the closest location to my home.	
Address: _____		
City: _____	State: _____	Zip: _____

➤ Choose the type of final arrangements you prefer, and specify which plan suits your needs. You'll also be able to add to your plan with a variety of products and services. *(Please refer to the letter that came with the kit for pricing.)*

## 2a BURIAL or CREMATION SELECTION

Plan selection (please choose one):				
<input type="checkbox"/> Tribute	<input type="checkbox"/> Honor	<input type="checkbox"/> Heritage	<input type="checkbox"/> Other _____	
Casket Choice (please choose one):		Urn Choice (please choose one):		
<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other _____

## 2b CUSTOM CELEBRATION OF LIFE SERVICES

Included with price of plan, please choose one:		
<input type="checkbox"/> House of Worship	<input type="checkbox"/> Chapel Ceremony	<input type="checkbox"/> Cemetery Service
<input type="checkbox"/> Other _____		

## 2c CUSTOM OPTIONS

Personalize your burial or cremation service with features that provide a unique expression of your final wishes.

Catering: \$ _____ <i>(\$500 for 5-20 Guests, \$1000 for 20-50 Guests)</i>	Clergy \$ _____ <i>(\$150, \$250, \$350 Other)</i>
Expense Pay-Off: \$ _____ <i>(\$5000, \$10,000, Other)</i>	Charitable Contribution: \$ _____ <i>(\$150, \$250, \$500, Other)</i>
Cemetery: \$ _____ <i>(\$3000, \$5000, \$7000, Other)</i>	Religious Honorarium: \$ _____ <i>(\$150, \$250, \$500, Other)</i>
Travel Expense: \$ _____ <i>(\$1000, \$2500, \$5000, Other)</i>	Short Term Family Relief: \$ _____ <i>(\$5000, \$10,000, Other)</i>
Flag Case: \$ _____ <i>(\$100, \$200, \$300, \$400, Other)</i>	Balloon Release: \$ _____ <i>(\$100, \$200, \$300, Other)</i>
Dove Release: \$ _____ <i>(\$100, \$200, \$300, Other)</i>	
Estimated Total: \$ _____	

*Application continued on next page.*



## 3 LIFE EXPECTANCY FACTOR

Use the **Life Expectancy Table** Below to find your factor based on your gender and age bracket.

**Total x Life Expectancy Factor = Estimated Final Expenses**

$$\left( \begin{array}{c} \text{Package Total} \\ + \\ \text{Options total} \end{array} \right) \times \text{Factor} = \text{TOTAL}$$

**Life Expectancy Table**

Age	40-44	45-47	48-50	51-53	54-56	57-59	60-62	63-65	66-68	69-71	72-74	75-77	78-80	81-83	84-86	87-89
Male	3.38	3.00	2.74	2.52	2.31	2.13	1.97	1.83	1.70	1.59	1.49	1.41	1.34	1.27	1.23	1.18
Female	3.92	3.45	3.13	2.86	2.61	2.39	2.19	2.02	1.87	1.73	1.61	1.51	1.42	1.34	1.27	1.22

## 4 PERSONAL INFORMATION

### YOUR INFORMATION

*\*Required information*

Your personal information is the foundation of your account. Please complete the form below. You are always free to modify this information. Visit us online, or call us toll-free!

Name: *(First, MI, Last)* \*

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Email Address:  I do not have an email address.      Date of Birth (MM/DD/YYYY): \*      Gender: \*  
 Male     Female

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Address: \*

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City: \*      State: \*      Zip: \*      Telephone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### PRIMARY NEXT-OF-KIN

*\*Required information*

The individual you designate as your next-of-kin is the person we will contact soon with details of your selections. Your primary next-of-kin is the family member or friend that will most likely facilitate the fulfillment of your final arrangements.

Name: *(First, MI, Last)* \*      Date of Birth (MM/DD/YYYY): \*

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Email Address:  He/She does not have an email address.      Gender:      Relationship: \*  
 Male     Female

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Address:

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City: \*      State: \*      Zip: \*      Telephone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

*Provide additional NOK on separate paper.*



Agent Code: _____	Promo Code: _____
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**Notice of Privacy Policy**

Dignity Memorial Network, Inc. ("Dignity") is committed to maintaining the confidentiality, integrity, and security of the nonpublic personal information of our potential, current and former clients. We value our client relationships and recognize that an essential element of those relationships is the trust and confidence that nonpublic personal information is treated as private and confidential. We are providing you with this Notice of Privacy Policy for informational purposes. It is also available upon request.

**Client Information**

As part of the Dignity Planning services, Dignity may obtain public or nonpublic personal information about you through information we receive from you or your representatives on applications, the Dignity Planning website, or other documents and correspondence and information about your transactions with us, or your insurance professional.

**Protecting Your Nonpublic Personal Information**

We employ procedures to safeguard your nonpublic personal information. Access to your nonpublic personal information is restricted to only those individuals you identify and our authorized individuals who need to know this information in order to provide services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information.

**Disclosure Policy**

*Whether you are a potential, current or former client, Dignity does not provide your nonpublic personal information to mailing lists, vendors, or solicitors for any purpose.* With your consent, Dignity shares your nonpublic personal information with your insurance professional. We also share your nonpublic personal information with nonaffiliated third parties **as permitted or required by law** where disclosure is:

- Necessary to process and service transactions which you have requested or authorized, or is necessary to service your account;
- To a third party that performs service on behalf of Dignity in the normal course of business. We require these third party service providers to agree to safeguard the information and keep it confidential, to use the information only for the intended purpose, and to abide by applicable law; and
- To governmental agencies or other regulatory bodies and law enforcement officials as allowed or required by law.

*I recognize that Dignity and my insurance company need to share and coordinate certain information about me. I authorize Dignity and the insurance company to release the information about me to each other. This includes, but is not limited to: (1) my name; (2) my address; (3) my telephone number; (4) the type of insurance policy I have purchased; (5) the face amount of my policy; and (6) the estimated future cost of my funeral plan.*

**Maintaining Accurate Information**

Our Goal is to maintain accurate, up-to-date records to Keep information current and complete.

## 4

## PERSONAL INFORMATION (continued)

REMEMBER TO SIGN AND DATE

Signature: _____	Name: _____	Date: _____
*By signing above, you acknowledge having read this final arrangement planning guide and that you understand its content.		

- Dignity Planning is a tool used to create your end of life wishes and is offered by the Dignity Memorial network of funeral and cremation providers.
- Dignity Planning is not a provider of funeral good or services; your end of life wishes will be fulfilled by a licensed Dignity Memorial provider, if you have chosen a Dignity Memorial provider as part of your plan.
- This does not create a preneed funeral or cremation contract with Dignity Planning or a Dignity Memorial provider. Because there is no price guarantee, the merchandise and services will be provided at the retail prices in effect at the time of your death.
- To receive a copy of your selected Dignity Memorial provider's General Price List, please go to [www.dignityplanning.com](http://www.dignityplanning.com) or contact us at 1-866-977-3752.