Alliance Life
ASSURANCE
Think Life, Think Alliance Life

GROUP FUNERAL PROPOSAL FORM

Proposer:

Name of Company:	
Physical Address:	
Postal Address:	
Fax Number:	
Telephone Number:	
Name of Contact Person:	

Scheme Details:

Proposed Name of Scheme:	
Eligibility Conditions:	**All existing and future members/employees**
Proposed Commencement Date:	D D M M Y Y Y Y
Maximum Age at which Cover Ceases:	**70 years**

Declaration:

We hereby propose to set up a Group Funeral Assurance (GLA) scheme with Alliance Life Assurance Limited. We agree that this proposal and declaration shall be the basis of the contract between us and Alliance Life; and shall be deemed to be incorporated in such contract.

Name of Authorized Signatory:	Signature:
Date of Proposal: D D M M Y Y Y Y	Company Stamp