

Contract No. \_\_\_\_\_

# Pre-arranged Funeral Plan

## Insurance-Funded Purchase Agreement

### BETWEEN

#### Funeral Home

Name	_____			
Address	_____			
	PO Box	City/Town	Province	Postal Code
	_____	_____	_____	_____
Phone Number	_____		License Number	_____

Hereinafter called the "Seller"

### AND

#### Purchaser

First Name	_____	Last Name	_____	
Address	_____			
	PO Box	City/Town	Province	Postal Code
	_____	_____	_____	_____
Phone Number	_____	Email	_____	

Hereinafter called the "Purchaser"

If different from the "Purchaser"

#### Recipient

First Name	_____	Last Name	_____	
Address	_____			
	PO Box	City/Town	Province	Postal Code
	_____	_____	_____	_____

Hereinafter called the "Recipient"

It is intended that the arrangements for this purchase agreement will be provided at

\_\_\_\_\_  
Funeral Home Location

Contract No. \_\_\_\_\_

**You may without penalty or obligation, cancel this transaction by notice in writing sent by registered mail to**

\_\_\_\_\_  
Name of Seller

\_\_\_\_\_  
Address of Seller

**or by delivering it there yourself within 10 days after you have received the agreement.**

**PACKAGE** *(If applicable)*

\_\_\_\_\_ \$ \_\_\_\_\_ **A**

☐ Please see attached Schedule for a full list of all merchandise and services in Package.

**OR**

**MERCHANDISE**

Note: The Seller reserves the right to provide a casket or cremation urn of comparable or superior quality.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_ **B**

**SERVICES**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_ **C**

**The itemized funeral merchandise and services or cemetery goods and services listed above are included in the total price payable under this agreement and are guaranteed to be provided at that price, if the insurance contract that funds the pre-arranged funeral plan or pre-need cemetery plan is in good standing.**

**CASH DISBURSEMENTS** (Quoted price not guaranteed by Seller)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_ **D**

All Subtotals **A + B + C + D** \$ \_\_\_\_\_

H.S.T. (15%) \$ \_\_\_\_\_

**Total Price Payable** \$ \_\_\_\_\_

(Proceeds to be provided under Insurance Policy)

Contract No. \_\_\_\_\_

#### INSURANCE PAYMENT INFORMATION

- ☐ Funeral Home has been named as the beneficiary of the insurance policy  
☐ Proceeds of the insurance policy are being assigned to the funeral home

Name of Beneficiary \_\_\_\_\_

Insurance Policy Number _____		Insurer _____	
Address _____			
PO Box _____	City/Town _____	Province _____	Postal Code _____
Phone Number _____		Email _____	

Name of Insurance Agency _____		Insurance Agency License Number _____	
Address _____			
PO Box _____	City/Town _____	Province _____	Postal Code _____
Phone Number _____		Email _____	

#### BEFORE SIGNING PLEASE REVIEW CONDITIONS

**THIS AGREEMENT** is prepared and entered into accordance with the Cemetery and Funeral Services Act and Regulations of Nova Scotia hereinafter called the "Act".

#### PURCHASERS RIGHT OF CANCELLATION

**THE PURCHASER** may terminate this Agreement for any reason whatsoever prior to his/her death by notice in writing to the Company. Upon receipt of such notice the Agreement is deemed terminated, subject only as provided in this Agreement. After the death of the Purchaser the Agreement may be terminated by his/her personal representative but only when, because of great distance or some extraordinary circumstances, it is not reasonably feasible to provide or use the goods, merchandise or services contracted for by the Purchaser under this Agreement. If the death of the Purchaser occurs outside the normal geographical range serviced by the Company then the Purchaser shall be liable at the discretion of the Company, for any additional costs incurred.

#### SELLERS RIGHT OF CANCELLATION

**THIS AGREEMENT** shall constitute the entire Agreement between the parties. There are not and shall not be any verbal statements, representations, warranties, or undertakings between the parties except as set out in this Agreement and the Agreement may not be amended or modified in any respect except by written instrument signed by both parties or as the Act otherwise provides.

**THIS AGREEMENT** shall be binding upon and ensure to the benefit of the parties hereto and their respective heirs, executor, administrators and assigns.

Contract No. \_\_\_\_\_

**The cancellation of the pre-arranged plan /pre-need plan does not automatically cancel the insurance contract. However, the cancellation of the insurance contract automatically cancels the pre-arranged plan/pre-need plan.**

### SIGNATURES

Signed in the presence of _____	
_____ Witness	_____ Signature of Purchaser
_____ Signature of Funeral Salesperson	_____ Funeral Salesperson License Number
The parties have signed this Agreement this ____ day of _____, 20____ at _____, Nova Scotia.	

### COPY OF AGREEMENT

As the Purchaser, I hereby acknowledge having received a true copy of the Agreement.			
_____ Signature of Purchaser		_____ Date (DD/MM/YYYY)	
<input type="checkbox"/> I request that a copy of this Agreement be sent to			
Name _____			
Address _____			
_____ PO Box	_____ City/Town	_____ Province	_____ Postal Code
<b>OR</b> As the Seller, I hereby acknowledge having mailed a true copy of the Agreement.			
_____ Signature of Funeral Seller		_____ Date	

# Vital Statistics Record

## Beneficiary Information

First Name	_____	Last Name	_____
Address	_____		
_____	_____	_____	_____
PO Box	City/Town	Province	Postal Code
Phone Number	_____	Occupation	_____
Industry	_____		
Social Insurance Number	_____	Health Card Number	_____
Date of Birth (DD/MM/YYYY)	_____	Place of Birth (City/Town)	_____
Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Civil Union			

## Spouse Information

First Name	_____	Last Name (Maiden)	_____
Date of Birth (DD/MM/YYYY)	_____	Place of Birth (City/Town)	_____
Date of Marriage (DD/MM/YYYY)	_____	Place of Marriage (City/Town)	_____

## Executor/rix Information

First Name	_____	Last Name	_____
Address	_____		
_____	_____	_____	_____
PO Box	City/Town	Province	Postal Code
Phone Number	_____	Email	_____
Relationship	_____		

## Parent Information

<b>Father</b>	First Name	_____	Last Name	_____
	Place of Birth (City/Town)	_____	Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mother</b>	First Name	_____	Last Name (Maiden)	_____
	Place of Birth (City/Town)	_____	Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Family Information

Surviving Family	_____	Predeceased Family	_____
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### Service Details and Information

I wish the service to be held			
<input type="checkbox"/> Private			
<input type="checkbox"/> Public			
Church Affiliation		Clergy	
Hymn Selection			
Scripture Readings			
Burial Instruction			
Flowers			
Donations			
Other Instructions, Remarks			

### Copy of this document is held by

Name				
Address				
	PO Box	City/Town	Province	Postal Code
Phone Number				