

QUESTIONNAIRE · FUNERAL INSURANCE

Funeral insurance questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. No medical questions; your wishes can be changed at any time.

1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr First name : Last name :

Date of birth : Marital status : ☐ Single ☐ Married / civil partnership ☐ Living with partner
☐ Divorced ☐ Widowed

Address : Postcode : Town :

Phone : Email :

Occupation : Status : ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

2. PEOPLE TO INSURE

You, and your spouse if relevant.

To insure : ☐ Just me ☐ My spouse and me ☐ A parent Second person's date of birth :

Home postcode : Home in France : ☐ Yes ☐ No ☐ Moving in progress

Existing funeral plan : ☐ No ☐ Yes Current insurer :

3. YOUR WISHES

What you want to spare your loved ones.

Type of policy : ☐ Lump sum only ☐ Lump sum and arranged services ☐ Advise me

Lump sum wanted : € Funeral : ☐ Burial ☐ Cremation ☐ Not decided yet

Place of the funeral : ☐ Near home ☐ Another region ☐ Abroad (repatriation) Beneficiary (relative or funeral director) :

4. YOUR NEEDS

Cover wanted : ☐ Essential ☐ Serenity ☐ Arranged services ☐ Advise me

Premium payment : ☐ In one payment ☐ Over 5 to 15 years ☐ For life ☐ Advise me

Options : ☐ Lump sum indexation ☐ Repatriation of remains ☐ Help with formalities ☐ Changeable wishes

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ Later **Target budget :** € / month

Details, constraints or questions :

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ ID document ☐ Funeral director's quote (if you have one) ☐ Current policy ☐ Bank details (IBAN)

No medical information is requested here. If the insurer needs any, it sends you the request directly and it stays confidential.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: **Date:**

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference