

Association of NATO/ACE Petind Cirilian Personnal





Manual for Next of Min

Death compels us to reflect on what we have and what we had.



Association of NATO/ACE Retired Civilian Personnel (ANARCP: Netherlands Branch)
website: http://www.anarcp.nl/

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Liability

The information provided in this manual cannot be used as the basis for any claims to entitlements.

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Information



Introduction

This manual (compiled from various sources of information) is a guide to issues and aspects that face the next of kin after a retired civilian staff member has died. The manual briefly covers

the basic issues by providing appropriate forms.

After the death of a former NATO civilian staff member, you should contact the NATO Pensions Unit and Vanbreda International immediately by telephone (and subsequently send a copy of the death certificate). Contact details are as follows:

<u>NATO Pensions Unit</u> with regard to pension payment, stating the pension number:

NATO Pensions Unit, Room AA 229

1110 Brussels, Belgium Tel.: + 32.2.707.4581, Fax: + 32.2.726.92.93

 <u>Vanbreda International</u> with regard to medical insurance, stating the medical insurance number (Vanbreda card number):

Vanbreda International

Postbus 69

2140 Antwerp, Belgium

Tel.: Toll-free + 800 32 710 7081, Fax + 32 3 235 01 24

 The NATO Group Insurance Policy with Vanbreda includes <u>funeral cost</u> insurance for retired staff members and their partners.

A retired staff member may be exempt from paying various kinds of national social security contributions, and in the event of death this entitlement may be transferable to the retired staff member's spouse. For further information, please contact ANARCP, which may also be able to provide a suitable application form for this exemption.

 The tax adjustment payment for the next of kin will have to be recalculated because the pension payable by NATO will decrease.

 If you need further information or have any questions, please check the ANARCP website or contact an ANARCP representative. Comment: which apparently does not exist any more, or is at least inaccessible.

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Checklist



After a person has died there is a lot to arrange and do, but the next of kin often find it difficult to get their thoughts together. The chronologically arranged checklist below (originally provided in Dutch by the Monuta funeral organization) briefly indicates the actions and important decisions that have to be taken. A lot of information may already be available in

the <u>Forms for next of kin</u>, if the necessary details have previously been filled in.

Before the funeral

Done	Actions and decisions 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
01	Contact a physician to obtain medical certification of death.
0.2	In case of death while travelling, call the travel insurance company's emergency helpline and/or the Vanbreda International toll-free number.
03	In case of accidental death, contact the accident or life insurance company's emergency helpline and/or the Vanbreda International toll-free number.
04	Check whether there is a will or a personal statement of wishes relating to the funeral.
05	Check whether there is a life insurance or funeral cost insurance policy, apart from the coverage provided by Vanbreda International.
06	Contact a funeral services company (or more than one, to obtain quotations).
07	Contact the official registrar to obtain a <i>death certificate</i> (this task may also be performed by the funeral services company).
08	Check whether the retired staff member was registered as an organ donor.
09 10	

Comment: This question is superfluous. Life insurance and funeral costs insurance is provided by the NATO Group Insurance policy. The question could be realigned to read 'Check whether there is a life insurance or funeral cost insurance policy, apart from the coverage provided by Vanbreda.'

After the funeral

	Actions and decisions
01 .	Arrange the granting of (documentary certification of) probate.
02	Inform banks and other financial institutions.
03	Use the certificate of probate to arrange authorization to use or

	close accounts with banks and other financial institutions.
04	Notify benefit payment agencies
05	Apply for bereavement allowance, if you qualify for this.
06	Inform social security agencies and the tax authorities.
07	If you are receiving a rent allowance, arrange for it to be adjusted.
08 .	Apply for a state pension, if you qualify for this.
09	Inform other organizations and official bodies with which the retired staff member was registered.
10	An amount of the second

As time permits

Done	Actions and decisions
01	Arrange guardianship, child care or family support services.
02	Make financial arrangements for any children attending higher education study courses.
03	List any credit card accounts, outstanding cheques, automatic debits and payment orders from bank accounts, and cancel them if necessary.
04	Verify bank account balances existing on date of death.
0.5	List any outstanding debts (taxes, mortgage, funeral costs, etc.)
06	List any property / household items, and arrange valuation if necessary.
07	Obtain payment of benefits from insurance companies
08	Pay off the mortgage.
09	Open the safe deposit box at the bank. Empty it / cancel the hire of it if necessary.
10	Check for stocks/securities deposited with financial institutions and arrange for further management of them.
11	Arrange management of real estate.
12	Complete the inheritance tax declaration.
13	Share out the estate in accordance with the terms of the will.
14	
15	

Instructions

No

Yes

The form below lists the <u>actions</u> that have to be taken after a person's death, and it gives instructions on how to <u>fill in</u> the "forms for next of kin". You may also find it useful to give blank copies of these forms to your partner and/or other family members so that they can provide you a record of their corresponding details in case of emergency.

When you have finished filling in a form, put an 'X' into the 'Done' check box on the summary form. This makes it easy to check which forms have not yet been filled in.

Fill in all the forms (including the summary), print them out (via the menu File > Print) and store them in a safe place. Let someone know where these forms and other important documents are kept. Data can also be saved on a (locked!) storage device such as a USB stick.

If a certain form is not applicable, it may still be helpful to mark it as such, print it out and store it, and then tick it off in the summary form.

If any changes occur, the form concerned will have to be amended, printed out and/or stored.

Put an "X" into the appropriate grey check box, e.g. in:

Done	Action item		
	Always contact the NATO Pensions Unit and Vanbreda International immediately. You can do this by telephone and then send a copy of the death certificate by mail.		
	A retired staff member may be exempt from paying various kinds of national social security contributions, and in the event of death this entitlement may be transferable to the retired staff member's spouse. For further information, please contact ANARGP, which may also be able to provide a suitable application form for this exemption.		
	The tax adjustment payment for the next of kin will have to be recalculated because the pension payable by NATO will decrease. If you need further information or have any questions, please check the ANARCP website or contact an ANARCP representative.		

Comment: which apparently does not exist any more, or is at least inaccessible.

14, 1, 45, 500 6	
	Place these forms and all other important documents (e.g. will, birth certificate, passport, marriage certificate, insurance policies, etc.) into a folder. Keep this folder in a (preferably fireproof) location and inform your next of kin where to find it.
	Make sure that bank accounts, safety deposit boxes, etc. are jointly registered in your name and your partner's name in order to prevent problems resulting from deactivation of accounts or assets.
	It is advisable for unmarried couples who are living together to arrange for a lawyer to draw up a cohabitation agreement. This should prevent the occurrence of problems if one of the partners dies.
	After the death of a retired staff member, his/her spouse's financial situation will change considerably! To assist the adjustment process, fill in the attached forms, giving as much detail as possible. Remember that some data are liable to change in future.
	If you are covered by a life insurance/assurance policy, make sure you clearly state the designated beneficiary in case of your death.
	Explain to a member of your family the relevant information relating to your financial affairs, and tell him/her where to find this document.
	If you want to make special provisions, go to a lawyer and arrange for a will to be drawn up, including any specific personal bequests you wish to make. If you later wish to amend any provisions of the will, you can arrange for the addition of a codicil.
	Consider requesting a financial adviser to prepare a <i>risk analysis</i> taking account of all aspects that could be important in the event of your death: NATO pension, state pension, family support costs, life insurance, mortgage, etc.
	nember that the financial situation of your next of kin is going to nge drastically!
	ofirm that the forms checked off in the 'Done' column have been duly in (please sign and date below):
Date	: Signature:

Forms

Forms

The information you provide in the <u>forms</u> provided below will only be relevant if you fill them in as accurately as possible. Filling in these forms takes a lot of time. It is a task that will make sure you realise your responsibilities toward the next of kin who outlive you. Most of the forms can also be used by your partner and other family members.

Click here for <u>instructions</u> on the *steps to be taken* and on *how to fill in these forms*. There is also a brief <u>checklist</u> of the actions and decisions to be taken. You will also find a brief <u>summary</u> at the end of this manual.

A list of available forms is shown below:

1. <u>Personal details</u>	4. <u>Financial matters</u>	7. <u>Contracts</u>
2. Obligations	5. <u>Funeral</u>	8. <u>General matters</u>
3. <u>Estate</u>	6. Personal possessions	S

1. Personal details

Done	Title of form 2 12 12 12 12 12 12 12 12 12 12 12 12 1	
1.1 [23]	Retired staff member	
1.2	Retired staff member's partner	
1,3	Retired staff member's children	

2. Obligations

Done	Title of form	
2.1	Guardianship	
2.2	Maintenance obligations	

3. Estate

Done	Fifte of tomi
3.1	Executor Personal details of the executor, the person who is responsible for settling the deceased person's estate. An executor is appointed in a will.
3.2	Certificate of probate This is a declaration prepared by a lawyer, stating the deceased person's details, whether a will exists, what is specified in the will, and the identity of the heir(s) and the executor(s) (see above).
3.3	

4. Financial matters

Done :	Tille of form
4.1	Financial matters Mortgages, claims against third parties, debts, loans, ownership of stocks / shares, place of safekeeping, etc.
4,2	Insurance policies
4.3	Accounts at financial institutions Details of bank accounts, giro accounts and savings accounts. (Contact the bank concerned to obtain advice for next of kin).
4.4	NATO pension, state pension, other pensions
4.5	Tax adviser
4.6	Taxes

5. Funeral

Done	fille of form
5.1	Funeral Extensive form in which you can record all your specific wishes relating to your funeral and burial/cremation.
5.2	Addresses of persons and institutions that have to be informed
5.3	Details of people to be invited to the funeral

6. Personal property

Done	Title of form: 32 32 32 32 32 32 32 32 32 32 32 32 32
6.1	Personal property Description of real estate, movable personal property and rights of ownership.
6.2	Household goods Description of the goods and chattels in your (rented/owned) home, boat, caravan, camper van, etc.
6.3	

7. Legally significant documents

Done	Title of form:
7.1	Organ donor registration For official information on the subject of organ donation and registration as a donor in your country of residence you can call ***** or go to the website www.*****.
7.2	Advance directive on health care A signed, dated directive in which a person gives health care instructions that are to be followed if he/she is no longer able to communicate with other persons. A directive of this kind is usually witnessed or notarized. Note: the law of the Netherlands also permits a person to provide a cuthanasia directive – a document in which he/she specifies the circumstances in which he/she would personally want to undergo cuthanasia.
7.3	Certificate of probate (see above)

8. General matters

Done	Title of form
81	Documents Details of important documents such passport, driving licence, vehicle registration document, etc.
8.2 1	Subscriptions
8.3	<u>Memberships</u>
8.4	Safe deposit box or bank safe
8.5	Access codes / passwords
8.6	
8.7	

00-Forms		Page 11 of 51
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	I have provided the information above nd belief (please sign and date below):	to the best of my
Date	Signatura	

Retired staff member

Details of the <u>retired staff member</u>, his/her <u>employment</u> and his/her <u>relationship status</u> (marriage / living with a partner).

1. Personal details of the former staff member:

Family name	A 4 24 5 5 1 .					
Maiden name	Va 18. a 2	Party to		V 24		Water and the second se
First name(s)					***	
Date of birth						
Place of birth			,,	······································		
Social security number		A		2.60.1.163	invite a state	
Street name and house number			10.1			
Postal code						
Town / city						
Country			- /			
E-mail address		1.0 1 1///	0.000.00	***		
Home telephone number						
Cell phone number		eska ra				
Registered as an organ donor?	No	100	Yes	77.	Date:	
Euthanasia declaration?	No	4.5	Yes		Date:	2018 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other pension rights				11.79-11.11	hadeata.com	en alla all'estimica de este estimica de la legación de la legació
Further information or remarks						
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			14.51	- #: `		<u> </u>

2. Employment:

Name of	Stati date	End date	Reason for end of e	mployment
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3. Marriage / Living together:

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Date:	Sig	nature:	*25;	: 		\$ ***

Retired staff member's partner Signatory's personal details: Family name First name(s) Social security number Personal details of the retired staff member's partner: Family name First name(s) Date of birth Place of birth Social security number Street name and house number Postal code Town / city Country E-mail address Home telephone number Cell phone number Registered as an organ donor? Yes Date: No Euthanasia declaration? No Yes Date: Other pension rights Further information or remarks

l declare that I have p knowledge and belief	rovided the information (please sign and date below)	above to the best of my
182	AUC 110	

Date:

Signature:

Retired staff member's children

Personal details of the (underage) children for whom the retired staff member was required to pay maintenance. (If the retired staff member had more than 5 children, fill in one or more additional forms, as necessary.)							
Signatory's personal de	ails:						
Family name							
First name(s)							
Social security							
number							
Darganal datalla of the r	other atoff mambar's our shildren stee at it to						
foster children, adopted	etired staff member's own children, step children,						
iosier criticien, adopted	Criticitett, etc						
Number of children:	1						
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Family name	<u> </u>						
First name(s)	APPROXIMATION AND A STATE OF THE STATE OF TH						
Date of birth							
Place of birth							
Street name and house							
number							
Postal code							
Town / city							
Country							
Home telephone							
number							
Cell phone number							
Relationship to retired	Own Step Foster Adopted Other						
staff member	child child child						
Child's marital status							
Further information or							
remarks							

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First name(s)						
Date of birth	,					
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Town / city						
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Cell phone number						
Relationship to retired staff member	Own child	Step child	Foster child	Adopted child	Other	
Child's marital status					e grageration	
Further information or remarks						

Family name First name(s) Date of birth Place of birth Street name and house number Postal code Town / city Country Home telephone number Cell phone number Relationship to retired Step Foster Adopted Other Own child child child child staff member Child's marital status Further information or remarks

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Family name	T				
First name(s)					
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Home telephone	1		<u> </u>	ya haya sa sa	
number					
Cell phone number				<u>aria di Campangunia di Aria da Irang Pangu</u>	
Relationship to retired	Own	Step	Foster	Adopted W Oth	er 🔯
staff member	child	child	child	child	
Child's marital status	 		PROPERTY OF THE PROPERTY OF TH	120023 55555-5 100027	ISCORE
Further information or	1				2020
remarks					
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<i>#S</i>					
Family name	1				as Capacotan
First name(s)					**************************************
Date of birth		D. 1711 D.	7 - 01.01.01.41 38- 0.007		10.00 · · · · · · · · · · · · · · · · · ·
Place of birth		2	<u> </u>		
Street name and house					
number	 			Marana kaban Silbertuk II. sana	
Postal code					<u> </u>
Town / city			**************************************		
Country					1892 LESS - 111
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number Cell phone number	 				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Relationship to retired staff member	Own	Step child	Foster child	Adopted Oth	ier
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Child's marital status	 	<u> </u>		The same at the same and the same as the s	a. arsportunger
Further information or					
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I declare that I have pro				e to the best of the	ny
knowledge and belief (p	lease sign	and date b	elow):	œ.	
Date: Signature	<u> </u>	gaga sa waana waa waa ka ka	ang sa makang nguya sa sa kaba		

Guardianship

Signatory's personal details:	
amily name	
First name(s)	
Social security number	
	<u>,</u>
Guardian's personal details:	
Family name	The second secon
irst name(s)	
Date of birth	
Place of birth	
Street name and house number	
Postal code	
Town / city	
Sountry	The Control of the Co
Home telephone number	
Sell phone number	
Further information or remarks	
s the (co-)guardian aware of the retired staff member's death?	No Yes Date:
stair members death?	<u> </u>

Maintenance obligations

	e) children for whom the retired staff maintenance. <i>(Fill in one form per</i>
Signatory's personal details:	
Family name	
First name(s)	Andrew Grand Belleville State Management of the control of the con
Social security	et en
number	
Child's personal details:	
Family name	Annual Control of the
First name(s)	
Date of birth	
Place of birth	No. can all constructions and an extension of the construction of
Street name and house number	
Postal code	
Town / city	
Country	
Home telephone number	
Cell phone number	
Means of payment	
Monthly maintenance sum in €	
Further information or remarks	
Is the child aware of the former staff member's death?	No Yes Date:
stan members deaths	
I declare that I have provided the knowledge and belief (please sign a	e information above to the best of my
i kalangan pamengan kalangan kalangan pangan pa La	Matter Control of the

Date:

	responsible for carrying out the instructions is appointed in the will and may be one of the
Signatory's personal detail	s:
Family name	en de la composition
First name(s)	
Social security number	
Family name First name(s) Date of birth Place of birth Street name and house nur	mber
Postal code	
Town / city	
Country Home telephone number	
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Further information or rema	II C II

Signature:

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Deta	ils of the retired staff member's financial affairs:	
%	Mortgage(s) Claim(s) against third parties Debts Loans to third parties Ownership of securities/stocks	D . Tas

Signatory's personal details:

Family name	
First name(s)	
Social security	
number	7

Code Financial inférest	Type Financial interest	Type Financial interest
Claims against third parties	L Loans to third parties	? <other></other>
Debts	S Securities/stocks	

(In the Code column, write the appropriate letter or symbol from the table above.)

Code Organization / person		Account number	Description / remarks	Amount / value
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			Activities to extra terms of the control of the con	
				

l declare	that I hav	e provide	d the	information	above	to the	best of	my
knowledg	ge and be	lief (please	sign be	elow):				

Date:	Signature:	

Insurance policies

Details of the retired staff member's insurance policies:

- the name of the insurance company
- the policy number
- use the Description/remarks column to specify the type of insurance, the item(s)/aspect covered, the location of the policy document and invoices, statements of account, etc.

Signatory's personal details:

Family name	
First name(s)	And the second s
Social security number	

Code	Type of insurance	Code	Type of insurance	Code	Type of insurance
A	Automobile / car	F	Motorcycle / scooter / moped / bicycle	М	Medical / health care
AC.	Accident	G	Glass	S	Ship / boat
3	Fire	Н	House	T	Travel
a	Caravan / camper van	HC	Household contents	TP -	Third-party liability
E	Electric appliance / equipment	L	Life	?	<other></other>

(In the Code column, write the appropriate letter or symbol from the table above.)

Code	Policy name	Policy number	Description / remarks
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	10,000		Property Control of the Control of t
<u>leer man caren</u>		CONTRACTOR	
	Contraction was and the	Property for the second second	
	Education and the Alexander	7.00.00	×

Code	Policy name	Policy number	Description / remarks
	4 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		
	an essen control grow		
		>	**************************************
			the information above to the best of my gn and date below):
Date:		Signatu	ure:

Accounts at financial institutions

Details of all the retired staff mem	ber's <u>accounts at financial institutions</u> ,
e.g. bank accounts, investment a	ccounts, giro accounts, mortgage
accounts, internet accounts and s	savings accounts. This form also covers
details of automated payments ar	nd <i><u>bank cards</u>.</i>

The description of an account, payment or bank card has to include information on the account holder, the account number, the PIN code (if known), any outstanding cheques, the person who has power of attorney (if any) and the place where statements of account are kept.

Q:	gnatory's personal	dataile
U	griatury a personia	uotalio.

Family name	8 3
First name(s)	
Social security number	

1. Accounts at financial institutions

Possible account types: bank account, loan account, investment account, giro account, mortgage account, Internet account, savings account, etc.

Type of account	number	Description (see <u>above</u>)
		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

2. Automated payments

Possible account types: bank account, loan account, investment account, giro account, mortgage account, Internet account, savings account, etc.

Type of account	Name of bank or institution	Account number	Description (see <u>above</u>)
	e Maria de la Care de La Care de Care		
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Ο.	1-1	COL	1011	10 6	alin	Call	uo

Possible account types: bank account, loan account, investment account, giro account, mortgage account, Internet account, savings account, etc.

Type of account	Name of bank or institution	Account number	Description (see above)
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E. Amerika da Amerika da Maria da Amerika da Bartarra da Amerika da			
i F			
· <u></u>		1	<u> </u>

I declare that I h	nave provided	the information	above to	the best of r	ny
knowledge and	belief (please da	ite and sign below):			070-

 Date:	Signature:		

7)

	Tax adviser
Signatory's personal de	tails:
Family name	
First name(s)	
Social security number	
and a second the same much lead to the second that the same and a second to second the second to the second to	
	etired staff member's tax adviser:
Family name	
First name(s)	
Street name and house	
number	
ostal code	
「own / city	
Country	
Home telephone	
number	
Cell phone number	e []
Further information or	
emarks	
s the tax adviser aware	No Yes Date:
of the retired staff	
member's death?	
l declare that I have pro knowledge and belief (p	vided the information above to the best of my lease sign and date below):
Date: S	Signature:

Date:

Inheritance tax:

Tax office	
Street name and building number	
Postal code	
Town / city	
Person to be contacted	
Telephone	
Other taxes: Description	
ikana di kana di kata di Amara da mara	
Postal code	
Town / city	
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I declare that I have provide	led the information above to the best of my
knowledge and belief (plea.	

Signature: _

Funeral

Personal wishes and funeral instructions for the next of kin. The following aspects can be specified here:

- Notification of death to family, friends, acquaintances, etc.
- Who is to arrange the funeral?
- Where is the funeral to start from?
- Specific requests relating to the funeral
- Who is to be invited to the funeral?
- Specific requests relating to the funeral ceremony / religious service
- Post-funeral arrangements
- Burial or cremation?
- · Details relating to burial
- Details relating to cremation
- Medical aspects
- Other information

Family name	
First name(s)	
Street name and house number	
Postal code	
Town / city	
Country	
Date of birth	
Place of birth	
Social security number	
This document was drawn up in (place)	
This document was drawn up on (date)	

I have specified the following wishes and instructions to provide guidelines for the arrangements for and conduct of my funeral:

1. Notification of death to family, friends, acquaintances, etc.

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been prepared and atta	ached to this	
form?	William William L. Communication	
Obituary announcement	ntin	No 🦪 Yes 🔠
newspaper(s)?	<u> </u>	
Send mourning cards?		No 🥳 Yes 📝
Please include the follo	wing text, poe	em or quotation:
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<u>Proposition of the Control of the C</u>	5.8856-000 - 65.13841-054, 154, 154, 154, 154, 154, 154, 154, 1	<u>. 1 </u>
en en en		
2. I want to entrust the 1	uneral arrange	ments to:
Mahanasa ka 1919 ka 1919 ka 1919 ka 19		
Member of the clergy	<u> </u>	
Personal friend / relatio	TATE OF THE PARTY	
Funeral services compa	ıny	
	V	
3. I want the funeral to	start from:	
		4
My home	<u>,</u>	anne and the state of the state
Funeral company's pre	nises	
Other location	11999	
4. I wish the funeral to t	ake account of	the following senecte:
4; I WISH THE TURETAL IO I	ake account of	the following aspects:
Farewell visit before	No Yes	
the ceremony?	INO LIDO	
Flowers?	No Yes	
Religious service?		
	No Yes	
Member of the Society	No Yes	
of Friends?	<u> </u>	ing sa mangangan mengangan mengangan dan mengangan mengangan pengangan pengangan pengangan dan sebagai sebagai Tanggan pengangan mengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pe
5. I wish the funeral to I	oe:	
A DESCRIPTION OF THE PROPERTY		33.43.4°
Completely private		
Conducted in the prese	nce	
of my immediate family		*
members only		·
Conducted in the prese	nce	
of family members, frier		
and acquaintances		
	a sana ya <mark>k</mark>a masa sana ili 200 ka	

6. During the funeral:

Funeral address by speaker(s)?	No	Yes	
Music?			
Are family members to have the opportunity to choose music?			An agency of the state of the s

7. Post-funeral arrangements:

Opportunity for condolences?	No		Yes		n e gerage		× [
Lunch / high tea?	No		Yes		-		
List of people to be invited to the lunch / high tea? (see attached list, if any)			:	 ,		• • • • • • • • • • • • • • • • • • • •	
Specification of menu for lunch / high tea:		200 - 200 -	بموضات الأنساد	 ilian material de			
:							

8. Choice of burial or cremation:

Burial?		No	Yes	f: i	e de l'Altre e la Marie de la com	
Cremation?	지의 (대한 1972년 1972년 1972년 1973년 1973년 1973년 1972년 1 1972년 - 1972년	No	Yes	Si d		

9. Aspects relating to burial:

I wish to be buried in:	Individual grave Common grave
Details of purchased burial plot:	
Owned by:	
Town / city:	
Cemetery:	
Section, row & lot number:	2 11 - 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
Headstone on the grave?	No Yes
Text on the headstone:	de la companya de la
	. 4
Photo on the headstone?	No Yes

10. Aspects relating to cremation:

My ashes are to be:	Buried	Scattered	W.
scattered: on a cremation green at the crematorium in: at sea (from boat/ship/aircraft): other:			
buried in an urn: in the burial plot of (name); at the cemetery in; in the urn gallery of the crematorium in:			
Placing of the urn into the columbarium at the crematorium		haden vilve i illimatika e un elitikum iliporti	i sayah da iki ing masalah da iki da ing mas
Memorial plaque required? Text for the memorial plaque:	No Ye	S E	
Are family members permitted to attend the placing of the urn?	No Ye	s e	

11. Medical aspects

I have registered as a donor for the medical use of my organs, tissue, etc.:	No Yes
The documents relating to this are located in:	
The authorities mentioned in these documents are to be notified immediately after my death.	
I have bequeathed my body to science.	No Yes
The actions to be taken immediately after my death are specified in the	

Further personal wishes instructions, announcements, etc:	à

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	www.companies.com		
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I declare that I have	provided the	information	above	to the	best of my
knowledge and belie	f (please sign ar	ıd date below):		***	***************************************

Date:	Signature:	

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Details of people to be invited to the funeral

You can use this form to specify (if you wish to do so) the names and addresses of *people who are to be invited* to your funeral. There is a different form that you can use for specifying the names and addresses of <u>institutions</u>, <u>organizations</u> and <u>directly involved persons</u> that have to be notified of your death.

(If you specify more than 25 invitees, use several forms and number them accordingly.)

Family name	The state of the s
First name(s)	
Social security number	
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Name	Street name and house number	Postal code, town / city	Telephone number
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Personal property

You can use this form to provide details of all personal property registered in your name, such as *real estate* (house, holiday home, etc.) and 'other goods' (car, motorcycle, bicycle, caravan, camper van, boat, etc.). You should also state the location of the item concerned. Fill in as many forms as necessary.
Your <u>household goods</u> are to be listed on a different form.

Signatory's personal details:	
Family name	The state of the s
First name(s)	
Social security number	
Page of	
Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

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Postal code	
Town / city	
Further information or remarks	

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Town / city	
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	vided the information above to the best of my
knowledge and belief (p	lease sign and date below):
Date: 5	Signature:
Date:	ngrawie.

Household goods

You can use this form to provide details of all your household goods, such as the furniture and fittings of your house, caravan, camper van, boat, etc. You should also state the location of the item concerned. <i>Fill in as many forms as necessary.</i> Your items of personal property are to be listed on a different form.	
Signatory's personal details:	America C. C.
Family name	
First name(s)	
Social security number	
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Description of item	
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Postal code	
Town / city	
Further information or remarks	
Description of item	
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Street name and house number	
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Further information or remarks	
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Town / city	
Further information or remarks	

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81-Documents

Page 43 of 51

I declare that I have provided the information above to the best of my knowledge and belief (please sign and date below):

Date: Signature:

Subscriptions

newspapers, magazines, TV	/ radio ubscrip	etails of all your current subscriptions: o guides, public transport tickets, otions are sometimes transferable to
Signatory's personal details:		
Family name		
First name(s)		
Social security number	5	
Page of		
Name of publication, etc.		
Type of subscription	<u> </u>	the control of the co
Subscription number		
Street name and building		
number (of publisher, etc.)		
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Town / city	1	
Cost of subscription	+	
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Continue the subscription?	INO	Yes, transfer it to
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Subscription number Street name and building		
number (of publisher, etc.)	l.	
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Cost of subscription		
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Town / city	
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Name of publication, etc.	
Type of subscription	
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Town / city	
Cost of subscription	
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Town / city			
Cost of subscription	<u> </u>		
Means of payment Continue the subscription?	1.84	200 kg/200 00 00 00 00 00 00 00 00 00 00 00 00	1.57881.55
	No	Yes, transfer it to	8' 91

Memberships

You can use this form to provide details of all your current memberships,
e.g. social, cultural, sports, charitable, political, professional, touristic,
religious and other groups, clubs, associations and institutions.
Memberships sometimes provide certain benefits, such as discounts or
forms of assistance.
See the first transaction of the second tran

forms of assistance. (Fill in as many forms as necessary.)			***************************************	
Signatory's personal details:	wija ntijansija ige.,			de (letter transfer de letter flygter flygter programme interese en
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Type of membership				
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(of group, organization, etc.)				
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Internet bank account(s)

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Date:	Signature:	and the state of t	s'

Summary

This manual contains <u>advice</u> and <u>forms</u> that can assist next of kin in dealing with all kinds of issues after the death of a retired staff member. It is advisable to follow the advice provided and to fill in all the details required on the forms.

As stated earlier, the advice and the forms were compiled with the aid of ideas from various sources. In the event of any inaccuracies or any aspects that are not covered, please contact ANARCP by sending an e-mail detailing your comments to admin@anarcp.nl.

You may also find it useful to give blank copies of these forms to your partner and/or other family members so that they can provide you with a record of their corresponding details in case of emergency.

Liability

The information provided in this manual cannot be used as the basis for any claims to entitlements.