



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 07/11/2022

Name	Last Name	Date of birth (mm/dd/year)	
Thelma	Howard	02/04/1956	
Address	Marital Status	Gender	
28 North Whiteny Street St	Married	Female	
City	State	ZIP Code	Country of Residence
St Augustine	Florida	32084	United States
Home Phone	Mobile Phone	Country of Origin	Email
904 377 6407	904 377 6407	United States	Thelmahoward@yahoo.com

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name	Relationship				
Charles Howard	Husband				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
01/21/1948	74	Thelmahoward@yahoo.com	St Augustine	United States	United States

Family member #2

Full Name	Relationship				
Thelma Howard	Holder				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
02/04/1956	66	Thelmahoward@yahoo.com	St Augustine	United States	United States

Family member #3

Full Name	Relationship				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin

Family member #4

Full Name	Relationship				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin

Family member #5

Full Name	Relationship				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin



INTERNATIONAL FUNERAL SOLUTIONS

NASER Global
P.O. Box 279487
Miramar, FL 33027
305 513 0024
www.naserglobal.com

Family member #6

Full Name				Relationship	
<input type="text"/>				<input type="text"/>	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family member #7

Full Name				Relationship	
<input type="text"/>				<input type="text"/>	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family member #8

Full Name				Relationship	
<input type="text"/>				<input type="text"/>	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRE-EXISTENCE QUESTIONNAIRE

Have you or any of your beneficiaries been diagnosed with an imminent death illness?

If your response is YES, please indicate the name?

YES ☐ NO ☒

You or any of your beneficiaries is currently hospitalized or in a hospice?

If your response is YES, please indicate the name?

YES ☐ NO ☒

Are any of your beneficiaries currently incarcerated?

If your response is YES, please indicate the name?

YES ☐ NO ☒

Have you, or any of your beneficiaries been diagnosed with HIV, Cancer (past 10 years) Diabetes type 1 (insulin dependent), receiving Dialysis or an organ transplant in the past 3 years?

If your response is YES, please indicate the name?

YES ☐ NO ☒

EMERGENCY CONTACT

Full Name			Relationship
<input type="text"/>			<input type="text"/>
Thelma Howard			Holder
Address			
<input type="text"/>			
28 North Whiteny Street St			
City	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
St Augustine	Florida	32084	United States
Home Phone	Mobile Number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
904 377 6407	904 377 6407	Thelmahoward@yahoo.com	

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
<input type="text"/>	<input type="text"/>	<input type="text"/>
ReNaser Classic G4	USD \$ 58.00	Annual <input type="checkbox"/> 3 Installments <input type="checkbox"/> Bi-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/>

* The bi-yearly, quarterly and monthly payment modes are not available on all plans. (please consult your agent)
** An enrollment fee will apply when choosing the bi-yearly, quarterly or monthly mode (if applicable)
*** Please consult with your advisor to confirm this charge



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AGENT INFORMATION

Name	Naser ID#	Signature	Date (mm/dd/year)
M Ned	83-211230	M Ned	07/11/2022

PAYMENT INFORMATION

☐ MasterCard ☒ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

Card or Bank Information (Where you receive the account statement) Please select if the address is the same as the primary holder ☒

Name (as it appears on the Bank or card Statement)	Address			
Thelma Howard	28 North Whiteny Street St			
City	State	ZIP Code	Country	
St Augustine	Florida	32084	United States	
Card number	Expiration date (mm/year)	CVV	Amount to pay	Date to debit
4482 6175 2143 3268	06-26	249	USD \$ 98.00	08/05/2022

Bank Information (ACH)



Bank Account Type	Bank Name	Routing Number	Account Number

Payment information by Zelle or Wire transfer



Name	Reference number	Confirmation number (if applicable)

I hereby declare and affirm that the information contained in this form is true and correct to the best of my understanding and I agree that it is my responsibility to report any changes immediately. I understand that in the event that this information is false, incorrect or misleading, it could cause the loss of benefits both for me and/o for the beneficiaries of the plan.

AUTHORIZE NASER TO CHARGE MY BANK OR CARD
Thelma Howard
(Signature)

Zelle Information

Email: zelle@naserglobal.com
Include name of the holder and
plan name

Wire transfer

BANK OF AMERICA
SWIFT: BOFAUS3N
ABA: 026 009 593
ACCOUNT#: 8981 1114 1442

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