



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 06/06/2022

Name	Last Name	Date of birth (mm/dd/year)
Tom	Simkins	12/10/1970
Address	Marital Status	Gender
101 W. Front St.	Married	Male
City	State	ZIP Code
Elliston	MT	59728
Country of Residence		
United States		
Home Phone	Mobile Phone	Country of Origin
818 391 0936	818 391 0936	United States
Email		
TSIMKINS.WW@GMAIL.COM		

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name	Relationship
WENDY SIMKINS	Wife
Date of Birth (mm/dd/year)	Age
04/27/1971	
Email	City of Residence
MYSUNSHINE71@MSN.COM	ELLISTON
Country of Residence	Country of Origin
United States	United States

Family member #2

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

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		
WENDY SIMKINS			Wife		
Address					
101 W. Front St.					
City	State	ZIP Code	Country		
ELLISTON	MT	59728	United States		
Home Phone	Mobile Number	Email			
818 391 0935	818 391 0935	MYSUNSHINE71@MSN.COM			

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
Tribute	USD \$ 70.00	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



INTERNATIONAL FUNERAL SOLUTIONS

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

AGENT INFORMATION

Name	Naser ID#	Signature	Date (mm/dd/year)
Stevan Stefanovic	N/A	Stevan Stefanovic	06/06/2022

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		
BJSFVSMFMV FVSSV		101 W. Front St.		
City	State	ZIP Code	Country	
Elliston	MT	59728	United States	
Card number	Expiration date (mm/year)	CVV	Amount to pay	Date to debit
2222 2222 2222 2222	07-22	111	USD \$ 120.00	06/07/2022

Bank Information (ACH)



Bank Account Type	Bank Name	Routing Number	Account Number

Payment information by Zelle or Wire transfer

☐ Zelle ☐ 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.

AUTHORIZED TO CHARGE MY BANK OR CARD
Tom Simkins
(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

NOTES

I LIKE CHEESE