



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 06/06/2022

Name	Last Name	Date of birth (mm/dd/year)		
Catalina	Moreira	03/06/1979		
Address		Marital Status	Gender	
123 Mary blvd		Single	Female	
City	State	ZIP Code	Country of Residence	
Miami	FL	33127	United States	
Home Phone	Mobile Phone	Country of Origin	Email	
305 123 4567	305 123 4456	Colombia	catas31@hotmail.com	

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name				Relationship	
Luis Gutierrez				Brother	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
11/23/1980	41		Miami	United States	Colombia

Family member #2

Full Name				Relationship	
Catalina Moreira				Holder	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
03/06/1979	43	catas31@hotmail.com	Miami	United States	Colombia

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

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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" value="Luis Gutierrez"/>			<input type="text" value="Brother"/>
Address			
<input type="text" value="124 Mart Ave"/>			
City	State	ZIP Code	Country
<input type="text" value="Miami"/>	<input type="text" value="FL"/>	<input type="text" value="33127"/>	<input type="text" value="United States"/>
Home Phone	Mobile Number	Email	
<input type="text" value="305 272 7272"/>	<input type="text" value="307 727 2222"/>	<input type="text"/>	

## CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
<input type="text" value="ReNaser Direct G4"/>	<input type="text" value="USD \$ 49.00"/>	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)
Catalina Moreira	N/A	Catalina Moreira	06/06/2022

## PAYMENT INFORMATION



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			
Catalina Moreira	123 Mary blvd			
City	State	ZIP Code	Country	
Miami	FL	33127	United States	
Card number	Expiration date (mm/year)	CVV	Amount to pay	Date to debit
5425 2525 2552 5252	07-22	123	USD \$ 89.00	06/06/2022

### 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.

AUTHORIZED TO CHARGE MY BANK OR CARD  
*Catalina Moreira*  
(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

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