



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 06/01/2022

Name	Last Name	Date of birth (mm/dd/year)	
Giovanny Andres	Canasto	04/07/1980	
Address	Marital Status	Gender	
Av Siempre viva 123	Married	Male	
City	State	ZIP Code	Country of Residence
Bogota	Bogota	111061	Colombia
Home Phone	Mobile Phone	Country of Origin	Email
601 233 4455	+58 315 621 6389	Colombia	giovanny.canasto@hotmail.com

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name	Relationship				
Giovanny Andres Canasto	Holder				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
04/07/1980	42	giovanny.canasto@hotmail.com	Bogota	Colombia	Colombia

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		
<input type="text" value="Giovanny Andres Canasto"/>			<input type="text" value="Holder"/>		
Address					
<input type="text" value="Av Siempre viva 123"/>					
City	State	ZIP Code	Country		
<input type="text" value="Bogota"/>	<input type="text" value="Bogota"/>	<input type="text" value="111061"/>	<input type="text" value="Colombia"/>		
Home Phone	Mobile Number	Email			
<input type="text" value="601 233 4455"/>	<input type="text" value="+58 315 621 6389"/>	<input type="text" value="giovanny.canasto@hotmail.com"/>			

## CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
<input type="text" value="Infinity F-4"/>	<input type="text" value="USD \$ 59.00"/>	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)
Giovanny Canasto	GIO123	Giovanny Canasto	06/01/2022

## 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		
Giovanny Andres Canasto	Av Siempre viva 123		
City	State	ZIP Code	Country
Bogota	Bogota	111061	Colombia
Card number	Expiration date (mm/year)	CVV	Amount to pay
			USD \$ 99.00
			Date to debit

### 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)
Giovanny Canasto	23423423	2312312

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 BANK OR CARD  
*Giovanny Andres Canasto*  
(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