



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 08/26/2022

Name	Last Name	Date of birth (mm/dd/year)		
Ana	Paz	12/01/1952		
Address		Marital Status	Gender	
123 Park Ave		Married	Female	
City	State	ZIP Code	Country of Residence	
Miami	FL	33132	United States	
Home Phone	Mobile Phone	Country of Origin	Email	
305 123 1234	305 123 4567	United States	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 Paz				Husband	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
02/12/1942	80		Miami	United States	Colombia

Family member #2

Full Name				Relationship	
Ana Paz				Holder	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
12/01/1952	69	catas31@hotmail.com	Miami	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? Luis Paz

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"/>
Luis Paz			Husband
Address			
<input type="text"/>			
123 Park Ave			
City	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miami	FL	33132	United States
Home Phone	Mobile Number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
305 123 1231	305 123 1231		

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct G4	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	08/26/2022

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		
Ana Paz	123 Park Ave		
City	State	ZIP Code	Country
Miami	FL	33132	United States
Card number	Expiration date (mm/year)	CVV	Amount to pay
			USD \$ 89.00
			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)
Ana Paz	1232123123	

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
Ana Paz
(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

TEST