



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 06/01/2022

Name	Last Name	Date of birth (mm/dd/year)		
Giovanny Andres	Canasto Quecano	05/09/1989		
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	+57 315 621 5390	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 Quecano				Holder	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
05/09/1989	33	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 Quecano"/>			<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="+57 315 621 5390"/>	<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 Quecano	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	1236512631265	91782371823718

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 YOUR CARD
Giovanny Andres Canasto Quecano
(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