



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 07/30/2022

Name Stephen Last Name Matthews Date of birth (mm/dd/year) 11/07/1953
Address 7859 Churchula Georgetown Road Marital Status Married Gender Male
City CHunchula State Alabama ZIP Code 36521 Country of Residence United States
Home Phone 251 680 0285 Mobile Phone 251 377 8673 Country of Origin United States Email kitkatmobile47@gmail.com

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name Dorothy Matthews Relationship Wife
Date of Birth (mm/dd/year) 12/22/1947 Age 74 Email Steveinmobile53@gmail.com City of Residence Churchula Country of Residence United States Country of Origin United States

Family member #2

Full Name Bobby Self Relationship Son
Date of Birth (mm/dd/year) 10/04/1967 Age 54 Email b.w.s.jr.pop@gmail.com City of Residence Churchula Country of Residence United States Country of Origin 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?

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		
Dorothy Matthews			Wife		
Address					
7859 Churchula Georgetown Road					
City	State	ZIP Code	Country		
Churchula	Alabama	36521	United States		
Home Phone	Mobile Number	Email			
251 377 8673	251 680 0285	kitkatmobile47@gmail.com			

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
ReNaser Classic G4	USD \$ 58.00	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)
Andrew Jenings	83-220673	Andrew Jenings	07/30/2022

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			
Stephen Matthews	PO BOX 213			
City	State	ZIP Code	Country	
CHunchula	Alabama	36521	United States	
Card number	Expiration date (mm/year)	CVV	Amount to pay	Date to debit
5152 6801 0012 7061	01-24	420	USD \$ 98.00	08/01/2022

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 SIGNATURE: *Stephen Matthews* **CHARGE MY BANK OR CARD**
(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

Please withdraw on the 1st of each month