



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 06/02/2022

Name	Last Name	Date of birth (mm/dd/year)	
Catalina	Moreira	07/13/1995	
Address	Marital Status	Gender	
160 NW 40th Street	Single	Female	
City	State	ZIP Code	Country of Residence
Miami	FL	33127	United States
Home Phone	Mobile Phone	Country of Origin	Email
305 123 4565	+1 305 123 4567	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				
Amanda Gomez	Mother				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
07/15/1955	66	alugosa@hotmail.com	Miami	United States	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



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P.O. Box 279487
Miramar, FL 33027
305 513 0024
www.naserglobal.com

Family member #6

Full Name			Relationship		
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin

Family member #7

Full Name			Relationship		
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin

Family member #8

Full Name			Relationship		
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin

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? Amanda Gomez

YES ☒ NO ☐

You or any of your beneficiaries is currently hospitalized or in a hospice?

If your response is YES, please indicate the name? Amanda Gomez

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		
Amanda Gomez			Mother		
Address					
123 Mary St					
City	State	ZIP Code	Country		
Miami	FL	33127	United States		
Home Phone	Mobile Number	Email			
305 123 4567	+1 305 123 4567	alugos@hotmail.com			

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
ReNaser Promo	USD \$ 15.00	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	06/02/2022

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		
Catalina Moreira		160 NW 40th Street		
City	State	ZIP Code	Country	
Miami	FL	33127	United States	
Card number	Expiration date (mm/year)	CVV	Amount to pay	Date to debit
5212 0212 0212 0112	10-22	123	USD \$ 25.00	06/07/2022

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 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

This is a test