

## INTERNATIONAL FUNERAL SOLUTIONS

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

		Registration Form			
PRIMARY PLANH	OLDER INFORMATION	2000 - 2		Date 06/01/2022	
Name	Last Name		Date of birth (mm/dd/year)		
Giovanny Andres	ny Andres Canasto		04/07/1980		
Address			Marital Status	Gender	
Av Siempre viva 123			Married	Male	
City	State	ZIP Code	Country	y of Residence	
Bogota	Bogota	111061	Colo	mbia	
Home Phone	Mobile Phone	Country of Origin	Email		
601 233 4455	+58 315 621 6389	Colombia	giovanny.canast	o@hotmail.com	
ADDITIONAL FAM	MILY PLAN MEMBERS II	NFORMATION			
Please include the holder in ca	ase of being a beneficiary	Family washes 44			
Full Name		Family member #1	Relation	onship	
Giovanny Andres Cana	asto		Hold		
Date of Birth	Email	City of Residence	Country of Residence	Country of Origin	
(mm/dd/year) Age 04/07/1980 42	giovanny.canasto@hotn		Colombia	Colombia	
04/01/1900 42	giovaring.canasio@noin	nan.com bogota	Colombia	Colombia	
		Family member #2			
Full Name			Relati	onship	
Date of Birth					
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #3			
Full Name			Relati	onship	
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #4			
		Family member #4			
Full Name			Relati	onship	
Date of Birth					
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #5			
Full Name		Tanny member #5	Relation	ship	
Date of Birth					
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	



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	-	Family member #6		
Full Name			Relation	nship
Data of Birth				
Date of Birth (mm/dd/year) Age E	mail	City of Residence	Country of Residence	Country of Origin
		Family member #7		
Full Name			Relation	ship
Date of Birth (mm/dd/year) Age E	mail	City of Residence	Country of Residence	Country of Origin
		Family member #8	1 3	
Full Name		,	Relation	ship
Date of Birth (mm/dd/year) Age E	mail	City of Residence	Country of Residence	Country of Origin
PRE-EXISTENCE QUE	STIONAIRE			
Have you or any of your beneficiaries I	been diagnosed with an inminent death illne	ess?		
If your response is YES, please indicate the	e name? Giovanny Andres Canasto			YES NO
You or any of your beneficiaries is curr	rently hospitalized or in a hospice?			
If your response is YES, please indicate th				YES NO X
				ies NO Z
Are any of your beneficiaries currently				
If your response is YES, please indicate th	e name?			YES NO X
	been diagnosed with HIV, Cancer (past 10 y	ears) Diabetebes type 1 (insulin	dependent),	
receiving Dialisis or an organ transpla				YES NO X
If your response is YES, please indicate the	e name?			YES NO X
EMERGENCY CONTA	ACT			
Full Name			Relat	ionship
Giovanny Andres Canasto			Hold	er
Address				
Av Siempre viva 123				
City	State	ZIP Code	Countr	у
Bogota	Bogota	111061	Colo	mbia
Home Phone	Mobile Number	Email		
601 233 4455	+58 315 621 6389	giovanny.canas	sto@hotmail.com	
CHOOSE YOUR PLAI	V			
Plan	Recurrent Paymen	t Payr	nent mode	
Infinity F-4	USD \$ 59.00	Anni		y Quarterly Monthly X
	30.00			

<sup>\*</sup> 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



ACENIT INICODMATION

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Name	SKIVIATION	Nas	ser ID#	Signature		Date (mm/dd/year)
Giovanny Ca	nasto		GIO123	Giovanny Cana	sto	06/01/2022
DAVAGNET	NEODNAATIO					
PAYMENTI	NFORMATIC	DIN				
(MasterCard)	□ VISA	CONTENTION CONTENTS	DISCOVER			
Card or Bank l	nformation (w	here you receive th	e account statemen	<ul> <li>Please select if the address</li> </ul>	s the same as the primary hol	lder X
Name (as it appears or	n the Bank or card St	atement)	Address			
Giovanny Andre	es Canasto		Av Siempre v	viva 123		
City		State		ZIP Code		Country
Bogota		Bogota		111061	Colombia	a
Card number			Expiration date (m		nount to pay	Date to debit
					SD \$ 99.00	
Bank Information (ACI	H)					
□ G=A						
Bank Account Type	Ban	k Name		Routing Number	Account Number	er
Daymont infor						
Payment intol	mation by Zeii	le or Wire transfe	r			
		e or Wire transfe	r .			
⊠Żelle			Reference numb	ier	Confirmation number	er (if applicable)
X Zelle	□ ♣ W I TRAM		Reference numb	er	Confirmation number	er (if applicable)
⊠Żelle	□ ♣ W I TRAM				2312312	
Name Giovanny Cana	Sto	R E ISFER  contained in this form is tr	Reference numb 23423423		2312312	
Name Giovanny Cana  Thereby declare and off of my understanding an	Sto  w I TRAN  sto  m that the information d I agree that it is my yent that this information	R E  SEFER  Contained in this form is tr responsibility to report an in is false, incorrect or mist	Reference numb 23423423		2312312	
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