



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 06/22/2022

Name	Last Name	Date of birth (mm/dd/year)		
Pedro	Ray	02/20/1967		
Address		Marital Status	Gender	
123 Bell Rd		Married	Male	
City	State	ZIP Code	Country of Residence	
Miami	FL	33123	United States	
Home Phone	Mobile Phone	Country of Origin	Email	
305 123 4566	305 213 0220	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	
Pedro Ray				Holder	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
02/20/1967	55	catas31@hotmail.com	Miami	United States	Colombia

Family member #2

Full Name				Relationship	
Ana Ray				Wife	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
01/20/1970	52		Miami	United States	Colombia

Family member #3

Full Name				Relationship	
				#strRelationshipValue_2#	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
				#strCountryofResidenceValue_2#	#strCountryofResidenceValue_2#

Family member #4

Full Name				Relationship	
				#strRelationshipValue_3#	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
				#strCountryofResidenceValue_3#	#strCountryofResidenceValue_3#

Family member #5

Full Name				Relationship	
				#strRelationshipValue_4#	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
				#strCountryofResidenceValue_4#	#strCountryofResidenceValue_4#



INTERNATIONAL FUNERAL SOLUTIONS

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

Family member #6

Full Name

Relationship

#strRelationshipValue_5#

Date of Birth
(mm/dd/year)

Age

Email

City of Residence

Country of Residence

Country of Origin

#strCountryofResidenceValue_5# #strBeneficiaryAddressValue_5#

Family member #7

Full Name

Relationship

#strRelationshipValue_6#

Date of Birth
(mm/dd/year)

Age

Email

City of Residence

Country of Residence

Country of Origin

#strCountryofResidenceValue_6# #strBeneficiaryAddressValue_6#

Family member #8

Full Name

Relationship

#strRelationshipValue_7#

Date of Birth
(mm/dd/year)

Age

Email

City of Residence

Country of Residence

Country of Origin

#strCountryofResidenceValue_7# #strBeneficiaryAddressValue_7#

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? Pedro Ray, Ana Ray

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

Ana Ray

Wife

Address

123 Bell Rd

City

State

ZIP Code

Country

Miami

FL

33123

Colombia

Home Phone

Mobile Number

Email

305 212 0201

302 520 0010

CHOOSE YOUR PLAN

Plan

Recurrent Payment

Payment mode

ReNaser Direct G4

USD \$ 49.00

Annual ☐ 3 Installments ☐ Bi-yearly ☐ Quarterly ☐ Monthly ☒

* 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	06/22/2022

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			
Pedro Ray	123 Bell Rd			
City	State	ZIP Code	Country	
Miami	FL	33123	United States	
Card number	Expiration date (mm/year)	CVV	Amount to pay	Date to debit
4210 2201 0002 0101	11-22	123	USD \$ 89.00	06/23/2022

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 TO CHARGE MY BANK OR CARD
Pedro Ray
(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

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