

## INTERNATIONAL FUNERAL SOLUTIONS

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

		Registration Form		
PRIMARY PLAN H	OLDER INFORMATION			Date 08/26/2022
Name		Last Name	Date of birt	th (mm/dd/year)
LORENZO	Acosta		08/15/1966	
Address			Marital Status Gender	
731 Rain Drive			Married	Male
City	State	ZIP Code		Residence
La Habra	CA	90631		States
Home Phone	Mobile Phone	Country of Origin	Email	
714 605 0599	714 605 0599	United States	acostarental@gma	il com
711000 0000	1110000000	Critica Ctates	accotatornal e gino	
ADDITIONAL FA	MILY PLAN MEMBERS I	NFORMATION		
Please include the holder in	case of being a beneficiary			
Full Name		Family member #1	Deletions	L-
Full Name TBD TBD			Relations	
Date of Birth				
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin
01/01/2001 21		Mexico	Mexico	Mexico
		Family member #2		
Full Name			Relations	hip
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin
	_	5		
Full Name		Family member #3	Relations	hin
Tonivone			Relations	, inp
Date of Birth	F1	Charles and	C	Sure to the
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin
		Family member #4		
Full Name			Relations	ship
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin
		Family member #5		
Full Name			Relationshi	Р
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin



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	Fan	nily member #6		
Full Name			Re	elationship
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residence	Country of Origin
	Fan	nily member #7		
Full Name	7 411	my member #/	Re	lationship
Ton Name				nacion ship
Date of Birth		en en 11	40.11	
(mm/dd/year) Age Email		City of Residence	Country of Residence	Country of Origin
	Fan	nily member #8		
Full Name			Re	lationship
Date of Birth				
(mm/dd/year) Age Email		City of Residence	Country of Residence	Country of Origin
DDE EVICTENCE OLIECTIC	NAIDE			
PRE-EXISTENCE QUESTIC	NAIRE			
Have you or any of your beneficiaries been d	iagnosed with an inminent death illness?			
If your response is YES, please indicate the name:	7			YES NO X
You or any of your beneficiaries is currently I	hospitalized or in a hospice?			
If your response is YES, please indicate the name				YES NO X
Are any of your beneficiaries currently incard				
If your response is YES, please indicate the name	9			YES NO X
Have you, or any of your beneficiaries been		s) Diabetebes type 1 (insulii	n dependent),	
receiving Dialisis or an organ transplant in th	ne past 3 years?			YES NO X
If your response is YES, please indicate the name?	7%			YES NO X
EMERGENCY CONTACT				10
Full Name				Relationship
LORENZO Acosta				Holder
Address				
731 Rain Drive				
City	State	ZIP Code	c	ountry
La Habra	CA	90631		Jnited States
Home Phone	Mobile Number	Email		Jilled States
714 605 0599	714 605 0599	acostarental@	gmail.com	
	111000000	3.5 2 3.6 331		
CHOOSE YOUR PLAN				
Plan	Recurrent Payment		/ment mode	
Classic G8	USD \$ 72.00	An	nual 3 Installments Bi	yearly Quarterly Monthly X

<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



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AGENT INFO	DRMATION					
Name		Nase	rID#	Signature		Date (mm/dd/year)
Alex Zabaski		83	3-220668	Alex Zabaski		08/26/2022
PAYMENT IN	NFORMATION					
(MasterCard)	□ VISA	CONTROLS CONTROLS	DISCOVER			
Card or Bank Ir	nformation (When	e you receive the	account statement	) Please select if the address is	the same as the primary ho	older X
Name (as it appears on	the Bank or card Stater	ment)	Address			
LORENZO Acos	sta		731 Rain Drive	Э		
City		State		ZIP Code		Country
La Habra		CA		90631	United S	States
Card number			Expiration date (mn	n/year) CVV Am	ount to pay	Date to debit
				US US	112.00	
Bank Information (ACH	t)					
	,					
X GEN						
Bank Account Type	Bank Na	ame		Routing Number	Account Numb	er
Checking	JP Mo	organ Chase		323271627	8370139	900
Payment inforr	mation by Zelle c	or Wire transfer				
Payment inform	mation by Zelle o	or Wire transfer				
	□ → WIRE	or Wire transfer	Reference numbe	er	Confirmation numb	er (if applicable)
□Żelle	□ → WIRE	or Wire transfer		er	Confirmation numb	er (if applicable)
□Żelle	□ → WIRE	or Wire transfer		er	Confirmation numb	er (if applicable)
Name  I hereby declare and affir	W I R E TRANSFER	tained in this form is true	Reference number			
Name  Thereby declare and affire firmy understanding and understand that in the ew	wire E TRANSFER  I'm that the information con dil agree that it is my respected that the information is formation is formation.	tained in this form is true consibility to report any late, incorrect or mislea	Reference numbers and correct to the best changes immediately.			
Name  Thereby declare and affire firmy understanding and understand that in the ew	WIRE TRANSFER	tained in this form is true consibility to report any late, incorrect or mislea	Reference numbers	AUTH MARKAT		
Name  Thereby declare and affire firmy understanding and understand that in the ew	wire E TRANSFER  I'm that the information con dil agree that it is my respected that the information is formation is formation.	toined in this form is true onsibility to report any false, incorrect or misled as of the plan.	Reference numbers			
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Name  Thereby declare and affire firmy understanding and understand that in the ew	w I R E TRANSFER  Im that the information con di I agree that it is my respent that this information is for and/o for the beneficiaries  Zelle Information Include name of the location of the beneficiaries.	toined in this form is true sonsibility to report any false, incorrect or misled as of the plan.  mation aserglobal.com f the holder and	Reference numbers	AUTH JORGH J.	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	BANK OR CARD (Signature)
Name  Thereby declare and affire firmy understanding and understand that in the ew	w I R E TRANSFER  Im that the information con di I agree that it is my respent that this information is for and/o for the beneficiaries  Zelle Information Include name of the location of the beneficiaries.	toined in this form is true sonsibility to report any false, incorrect or misled as of the plan. mation aserglobal.com	Reference numbers	AUTH JORGH J.	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N	BANK OR CARD (Signature)
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