

## 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 06/06/2022	
Name		Last Name	Date of	birth (mm/dd/year)	
Catalina Moreira			03/06/1979		
Address			Marital Status	Gender	
123 Mary blvd			Single	Female	
City	State	ZIP Code	Country	y of Residence	
Miami	FL	33127	Unite	ed States	
Home Phone	Mobile Phone	Country of Origin	Email		
305 123 4567	305 123 4456	Colombia	catas31@hotma	il.com	
ADDITIONAL FA	MILY PLAN MEMBERS I	NFORMATION			
Please include the holder in o					
		Family member #1		50.00	
Full Name			Relation		
Luis Gutierrez Date of Birth			Broth		
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
11/23/1980 41		Miami	United States	Colombia	
		Family member #2			
Full Name			Relation	onship	
Catalina Moreira			Holder		
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
03/06/1979 43	catas31@hotmail.com	Miami	United States	Colombia	
		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			
Full Name			Relation	onship	
Ton Name			Keiter	viisiip	
Date of Birth	F1	Charle Barillana	Company (Parishana	S	
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #5			
Full Name			Relation	ship	
Date of Birth	Email	City of Bookloom	Country of Decidence	Country of Octob	
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	



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	Far	mily member #6		
Full Name			R	elationship
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residence	Country of Origin
	Far	mily member #7		
Full Name			R	elationship
C				
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residence	Country of Origin
	For	nily member #8		
Full Name	Fai	illy member #6	R	elationship
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residence	. Country of Origin
(IIII)OLYGAY PIGE EITIGI		city of nesidence	Country of Residence	Country or origin
PRE-EXISTENCE QUESTION	ONAIRE			
Have you or any of your beneficiaries been	diagnosed with an inminent death illness?	,		
If your response is YES, please indicate the name	No. 7 Luis Gutierrez			YES X NO
You or any of your beneficiaries is currently	u hornitalized or in a hornice?			
If your response is YES, please indicate the nar				YES NO X
				IES NO A
Are any of your beneficiaries currently inca	rcerated?			
If your response is YES, please indicate the name	ne?			YES NO X
Have you, or any of your beneficiaries been		rs) Diabetebes type 1 (in	isulin dependent),	
receiving Dialisis or an organ transplant in	the past 3 years?			
If your response is YES, please indicate the nam	ie?			YES NO X
EMERGENCY CONTACT	T			
Full Name				Relationship
Luis Gutierrez				Brother
Address				
124 Mart Ave				
City	State	ZIP Code		Country
Miami	FL	33127		United States
Home Phone	Mobile Number	Email		
305 272 7272	307 727 2222			
CHOOSE YOUR PLAN				
Plan	Recurrent Payment		Payment mode	
ReNaser Direct G4	USD \$ 49.00			Si-yearly Ouarterly Monthly X
	10.00			· · · · · · · · · · · · · · · · · · ·

<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



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AGENT INFO	RMATION	Antonio Propinsi del Instituto			
Name		Naser ID#	Signature		Date (mm/dd/year)
Catalina Morei	ira	N/A	Catalina Morei	ra	06/06/2022
DAVMENTIN	IFORMATION				
PAYIVIENTIN	IFORMATION				
(MasserCard)	□VISA □	DISCOV	'ER'		
Card or Bank In	formation (Where you re	ceive the account stater	nent) Please select if the addres	s is the same as the prima	ry holder X
Name (as it appears on t	the Bank or card Statement)	Address			
Catalina Moreira		123 Mary	blvd		
City	State		ZIP Code		Country
Miami	FL		33127	Unite	ed States
Card number		Expiration da		Amount to pay	Date to debit
5425 2525 2552	5252	07-22	123	USD \$ 89.00	06/06/2022
Bank Information (ACH)	)				
□ GEA					
	Bank Name		Destina Number	Account N	
Bank Account Type	Bank Name		Routing Number	Account N	lumber
	action by Jollo or Wi	tranatar			
	nation by Zelle or Wire	transfer			
□ <b>Że</b> [[e	WIRE TRANSFER	transfer			
		Reference n	umber	Confirmation n	umber (if applicable)
□‡elle			umber	Confirmation n	umber (if applicable)
□‡elle					
Name  Thereby declare and affirm	WIRE TRANSFER	Reference n			
Name  Thereby declare and offirm of my understanding and understand that in the even	WIR E TRANSFER	Reference notes to the proportion of the proport			umber (if applicable)  Y BANK OR CARD (Signature)
Name  Thereby declare and offirm of my understanding and understand that in the even	win that the information contained in the Lagree that it is my responsibility to the that this information is false, income and/o for the beneficiaries of the plant.	Reference notes to the proportion of the proport		oreira-large M	
Name  Thereby declare and offirm of my understanding and understand that in the even	WIRE TRANSFER  In that the information contained in the Indignee that it is my responsibility to ant that this information is false, income	Reference notes to the proportion of the proport		Onaina-IARGE M Wire transfer	Y BANK OR CARD (Signature)
Name  Thereby declare and offirm of my understanding and understand that in the even	win that the information contained in the line of the information is false, income and/o for the beneficiaries of the place.  Zelle Information  Email: zelle@naserglobs	Reference notes to the report any changes immediate act or misleading, it could cause in.		ONGINGHARGE M Wire transfer BANK OF AMERICA	Y BANK OR CARD (Signature)
Name  Thereby declare and offirm of my understanding and understand that in the even	win that the information contained in the Lagree that it is my responsibility to the that this information is false, income and/o for the beneficiaries of the place.	Reference notes to the report any changes immediate act or misleading, it could cause in.	best etv. 1 AUT Catalina M	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	Y BANK OR CARD (Signature)
Name  Thereby declare and offirm of my understanding and understand that in the even	win that the information contained in the Logree that it is my responsibility to that this information is false, incompand/ofer the beneficiaries of the plant in the Logree that it is my responsibility to the logree that this information is false, incompand/ofer the beneficiaries of the plant Zelle Information  Email: zelle@naserglobs.include name of the hold	Reference notes to the report any changes immediate act or misleading, it could cause in.	best etv. 1 AUT Catalina M	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N	Y BANK OR CARD (Signature)
Name  I hereby declare and affirm of my understanding and understand that in the evel lass of benefits both for me	win that the information contained in the Logree that it is my responsibility to that this information is false, incompand/ofer the beneficiaries of the plant in the Logree that it is my responsibility to the logree that this information is false, incompand/ofer the beneficiaries of the plant Zelle Information  Email: zelle@naserglobs.include name of the hold	Reference notes to the report any changes immediate act or misleading, it could cause in.	best etv. 1 AUT Catalina M	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	Y BANK OR CARD (Signature)
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