

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 08/22/2022	
Name		Last Name	Date of b	pirth (mm/dd/year)	
Test 1		Test 2	05/22/1980		
Address			Marital Status	Gender	
123 Street			Single	Female	
City	State	ZIP Code		of Residence	
City	State	12345	Cuba	ı	
Home Phone	Mobile Phone	Country of Origin	Email		
123 546 7890	123 546 7890	Belize	Mail@mail.com		
ADDITIONAL FA	MILY PLAN MEMBERS I	NFORMATION			
Please include the holder in	case of being a beneficiary	_			
Full Name		Family member #1	Relatio	nehin	
Test 1 Test 2			Hold		
Date of Birth					
(mm/dd/year) Age	Email Mail@asail.asas	City of Residence	Country of Residence	Country of Origin	
05/22/1980 42	Mail@mail.com	City	08/22/2022	Belize	
		Family member #2			
Full Name			Relatio	nship	
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family mambas #2			
Full Name		Family member #3	Relatio	onshin	
Date of Birth	Email	City of Builders	Country of Decidence	Country of Oxiois	
(mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #4			
Full Name			Relatio	onship	
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #5			
Full Name			Relations	ship	
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	



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	Fam	nily member #6			
Full Name				Relationship	
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residen	ce Country of Origin	
	Fam	nily member #7			
Full Name				Relationship	
C					
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residen	ce Country of Origin	
	Fun	the manufact #0			
Full Name	Fam	nily member #8		Relationship	
Tonname				Relationship	
Date of Birth		City of Basidana	Country of Basidan	- Combonidado	
(mm/dd/year) Age Email		City of Residence	Country of Residen	ce Country of Origin	
PRE-EXISTENCE QUESTION	AIRE				
Have you or any of your beneficiaries been diag	nosed with an inminent death illness?				
If your response is YES, please indicate the name?				YES NO X	
You or any of your beneficiaries is currently hos	pitalized or in a hospice?				
If your response is YES, please indicate the name?				YES NO X	
Are any of your beneficiaries currently incarcera	ated?				
If your response is YES, please indicate the name?				YES NO X	
Harrison and the second) Diebereheren er Ger	erdin den en den d		
Have you, or any of your beneficiaries been diag receiving Dialisis or an organ transplant in the p		s) Diabetebes type 1 (ins	suin dependent),		
If your response is YES, please indicate the name?				YES NO X	
EMERGENCY CONTACT					
Full Name				Relationship	
Test 1 Test 2				Holder	
123 Street		70.0		Country	
	State	ZIP Code		Country	
·	State	12345		Cuba	
	Mobile Number	Email			
	123 546 7890	Mail@mail.c	OIII		
CHOOSE YOUR PLAN					
Plan	Recurrent Payment		Payment mode		
ReNaser Classic G8	USD \$ 72.00		Annual 3 Installments	Bi-yearly Quarterly Monthly	X

^{*} 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		Nas	ser ID#	Signature		Date (mm/dd/year)
Stevan Stefan	novic		N/A	Stevan Stefan	ovic	08/22/2022
PAYMENT IN	NFORMATION					
(MasterCand	□ VISA	ANTERIORI BORIESE	DISCOVER			
Card or Bank Ir	nformation (Where	e you receive th	e account statement)) Please select if the addres	s is the same as the primary ho	older
Name (as it appears on	the Bank or card Staten	nent)	Address			
Test 1 tEST 2			123 sTREET			
City		State		ZIP Code		Country
cITY		sTATE		12345	United S	States
Card number			Expiration date (mm	n/year) CVV	Amount to pay	Date to debit
					USD \$ 112.00	
Bank Information (ACH	1)					
X GEA						
Bank Account Type	Bank Na	me		Routing Number	Account Numb	per
Checking	bANK	usa		123456	123456	78999
Payment inform	mation by Zelle o	r Wire transfe	er			
	mation by Zelle o	r Wire transfe	er			
Payment inform	mation by Zelle o	r Wire transfe	er			
	□ → WIRE	r Wire transfe	Reference numbe	er	Confirmation numb	er (if applicable)
□Żelle	□ → WIRE	r Wire transfe		ar	Confirmation numb	er (if applicable)
□Żelle	□ → WIRE	r Wire transfé		ч	Confirmation numb	er (if applicable)
Name I hereby declare and affir	WIRE TRANSFER	oined in this form is tr	Reference numbe			
Name Thereby declare and affirm of my understanding and understanding that in the ew	WIRE TRANSFER That the information contide I agree that it is my respondent that this information is for	coined in this form is to consibility to report an able, incorrect or misi	Reference numbe			BANK OR CARD
Name Thereby declare and affirm of my understanding and understanding that in the ew	WIRE TRANSFER TRANSFER The transfer transfer that the information contains the information contains the transfer that it is my response.	coined in this form is to consibility to report an able, incorrect or misi	Reference numbe		Confirmation numb	
Name Thereby declare and affirm of my understanding and understanding that in the ew	WIRE TRANSFER That the information contide I agree that it is my respondent that this information is for	oined in this form is to onsibility to report or alse, incorrect or mist is of the plan.	Reference numbe		210 CHARGE MY B	BANK OR CARD
Name Thereby declare and affirm of my understanding and understanding that in the ew	m that the information cont d I agree that it is my respondent that this information is for e and/o for the beneficiaries	oined in this form is to onsibility to report or alse, incorrect or misl is of the plan. nation	Reference numbe			BANK OR CARD
Name Thereby declare and affirm of my understanding and understanding that in the ew	m that the information cont d I agree that it is my respondent that this information is for and/o for the beneficiaries	cined in this form is to onsibility to report or alse, incorrect or mist is of the plan. nation aserglobal.com	Reference numbe		Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N	BANK OR CARD
Name Thereby declare and affirm of my understanding and understanding that in the ew	win that the information control of lagree that it is my respondent that this information is to be and/o for the beneficiaries Zelle Information is formation in the control of the beneficiaries.	cined in this form is to onsibility to report or olse, incorrect or mist is of the plan. nation aserglobal.com if the holder and	Reference numbe	AUTI JEST JEST	TO CHARGE MY B Wire transfer BANK OF AMERICA	BANK OR CARD (Signature)
Name Thereby declare and affirm of my understanding and understanding that in the ew	win that the information control of lagree that it is my respondent that this information is to e and/o for the beneficiaries Zelle Information is formation in the condition of the beneficiaries and the condition of the conditio	cined in this form is to onsibility to report or olse, incorrect or mist is of the plan. nation aserglobal.com if the holder and	Reference numbe	AUTI JEST JEST	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	BANK OR CARD (Signature)
Name Thereby declare and affirm of my understand that in the evolusion of benefits both for me	win that the information control of lagree that it is my respondent that this information is to e and/o for the beneficiaries Zelle Information is formation in the condition of the beneficiaries and the condition of the conditio	cined in this form is to onsibility to report or olse, incorrect or mist is of the plan. nation aserglobal.com if the holder and	Reference numbe	AUTI JEST JEST	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	BANK OR CARD (Signature)
Name Thereby declare and affirm of my understanding and understanding that in the ew	win that the information control of lagree that it is my respondent that this information is to e and/o for the beneficiaries Zelle Information is formation in the condition of the beneficiaries and the condition of the conditio	cined in this form is to onsibility to report or olse, incorrect or mist is of the plan. nation aserglobal.com if the holder and	Reference numbe	AUTI JEST JEST	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	BANK OR CARD (Signature)
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Name I hereby declare and affir of my understand that in the evelose of benefits both for me	win that the information control of lagree that it is my respondent that this information is to e and/o for the beneficiaries Zelle Information is formation in the condition of the beneficiaries and the condition of the conditio	cined in this form is to onsibility to report or olse, incorrect or mist is of the plan. nation aserglobal.com if the holder and	Reference numbe	AUTI JEST JEST	Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	BANK OR CARD (Signature)