



INTERNATIONAL FUNERAL SOLUTIONS

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

Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date **08/22/2022**

Name	Last Name	Date of birth (mm/dd/year)
Test 1	Test 2	05/22/1980
Address	Marital Status	Gender
123 Street	Single	Female
City	State	ZIP Code
City	State	12345
Country of Residence		Cuba
Home Phone	Mobile Phone	Country of Origin
123 546 7890	123 546 7890	Belize
Email		
		Mail@mail.com

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name	Relationship				
Test 1 Test 2	Holder				
Date of Birth (mm/dd/year)	Age	Email	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	Relationship				
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin

Family member #3

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

Family member #4

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

Family member #5

Full Name	Relationship				
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				Relationship	
<input type="text"/>				<input type="text"/>	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family member #7

Full Name				Relationship	
<input type="text"/>				<input type="text"/>	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family member #8

Full Name				Relationship	
<input type="text"/>				<input type="text"/>	
Date of Birth (mm/dd/year)	Age	Email	City of Residence	Country of Residence	Country of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?

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
<input type="text"/>			<input type="text"/>
Test 1 Test 2			Holder
<input type="text"/>			<input type="text"/>
Address			
<input type="text"/>			
123 Street			
City	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	12345	Cuba
Home Phone	Mobile Number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
123 546 7890	123 546 7890	Mail@mail.com	

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
ReNaser Classic G8	USD \$ 72.00	Annual <input type="checkbox"/> 3 Installments <input type="checkbox"/> Bi-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/>

* 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)
Stevan Stefanovic	N/A	Stevan Stefanovic	08/22/2022

PAYMENT INFORMATION

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

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		
Test 1 tEST 2	123 sTREET		
City	State	ZIP Code	Country
cITY	sTATE	12345	United States
Card number	Expiration date (mm/year)	CVV	Amount to pay
			USD \$ 112.00
			Date to debit

Bank Information (ACH)



Bank Account Type	Bank Name	Routing Number	Account Number
Checking	bANK usa	123456	12345678999

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.

Test 1 Test 2
AUTHORIZE NASER TO CHARGE MY BANK OR CARD
(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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