



Registration Form

PRIMARY PLAN HOLDER INFORMATION

Date 08/26/2022

Name	Last Name	Date of birth (mm/dd/year)	
LORENZO	Acosta	08/15/1966	
Address	Marital Status	Gender	
731 Rain Drive	Married	Male	
City	State	ZIP Code	Country of Residence
La Habra	CA	90631	United States
Home Phone	Mobile Phone	Country of Origin	Email
714 605 0599	714 605 0599	United States	acostarental@gmail.com

ADDITIONAL FAMILY PLAN MEMBERS INFORMATION

Please include the holder in case of being a beneficiary

Family member #1

Full Name	Relationship				
TBD TBD	Father				
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	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



INTERNATIONAL FUNERAL SOLUTIONS

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

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
LORENZO Acosta			Holder
Address			
731 Rain Drive			
City	State	ZIP Code	Country
La Habra	CA	90631	United States
Home Phone	Mobile Number	Email	
714 605 0599	714 605 0599	acostarental@gmail.com	

CHOOSE YOUR PLAN

Plan	Recurrent Payment	Payment mode
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



INTERNATIONAL FUNERAL SOLUTIONS

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

AGENT INFORMATION

Name	Naser ID#	Signature	Date (mm/dd/year)
Alex Zabaski	83-220668	Alex Zabaski	08/26/2022

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		
LORENZO Acosta	731 Rain Drive		
City	State	ZIP Code	Country
La Habra	CA	90631	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	JP Morgan Chase	323271627	837013900

Payment information by Zelle or Wire transfer

☐ Zelle ☐ 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 SIGNATURE OF THE CARDHOLDER
LORENZO Acosta
(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

NOTES

Please contact client in Spanish