

## 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 08/03/2022	
Name		Last Name	Date of birth (mm/dd/year)		
Juan	Perez		05/20/1985		
Address			Marital Status	Gender	
123 Port Ave			Married	Male	
City	State	ZIP Code	Country	of Residence	
Miami	FL	33123	Unite	ed States	
Home Phone	Mobile Phone	Country of Origin	Email		
305 201 2302	302 520 1002	United States	catas31@hotmai	il.com	
ADDITIONAL FA	MILY PLAN MEMBERS	INFORMATION			
Please include the holder in	case of being a beneficiary				
Full Name		Family member #1	Relatio	onshin	
Luis Perez			Broth		
Date of Birth	F	Claud Building			
(mm/dd/year) Age 02/12/1982 40	Email	City of Residence	Country of Residence United States	Country of Origin	
02/12/1982 40		Miami	United States	Colombia	
		Family member #2			
Full Name			Relatio		
Juan Perez			Holde	er	
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
05/20/1985 37	catas31@hotmail.com	Miami	United States	United States	
		Family member #3			
Full Name			Relatio	onship	
Date of Birth (mm/dd/year) Age	Email	City of Residence	Country of Residence	Country of Origin	
		Family member #4			
Full Name			Relatio	anchin	
Ton Name			Kelack	Miship	
Date of Birth	F	Charles II	Contract Building	Company (Olivie	
(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 Posidones	Country of Paridanes	Country of Origin	
(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

	Fa	mily member #6		
Full Name				Relationship
Date of Birth				
(mm/dd/year) Age Email		City of Residence	Country of Residence	ce Country of Origin
	Fa	mily member #7		
Full Name			F	Relationship
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residence	e Country of Origin
	Fa	mily member #8		
Full Name				Relationship
Date of Birth (mm/dd/year) Age Email		City of Residence	Country of Residence	e Country of Origin
PRE-EXISTENCE QUESTIC	NIAIDE			
				<u></u>
Have you or any of your beneficiaries been d		?		
If your response is YES, please indicate the name	Luis Perez			YES X 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 X
Are any of your beneficiaries currently incare	cerated?			
If your response is YES, please indicate the name				YES NO X
U	diamental in time Conservation	- No. 1 - 1 - 1 - 1 - 1 - 1	- Paris	
Have you, or any of your beneficiaries been receiving Dialisis or an organ transplant in th		rs) Diabetebes type 1 (ins	ulin dependent),	
If your response is YES, please indicate the name:	,			YES NO X
ENACEDOENCY CONTACT				
EMERGENCY CONTACT				Deletionship
Luis Perez				Relationship Brother
Address				Diotilei
123 Port Ave				
City	State	ZIP Code		Country
Miami	FL	33123		United States
Home Phone	Mobile Number	Email		Office Otales
305 123 4566	305 132 6542			
CHOOSE YOUR PLAN				
	Parament Days		Payment mode	19
ReNaser Direct G4	Recurrent Payment			Bi-yearly Quarterly Monthly X
Nemaser Direct G4	USD \$ 49.00		Allifornia o Installments	Di-yearly Wonthly [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



## INTERNATIONAL FUNERAL SOLUTIONS

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

AGENTINFO	DRMATION		A TOTAL CONTRACTOR			
Name		Nasi	er ID#	Signature		Date (mm/dd/year)
Catalina More	eira	N	/A	Catalina Mo	reira	08/03/2022
PAYMENT II	NFORMATION					
(MasterCard)	<b> VISA</b>	ALCURITIONS BOTHES	DISCOVER			
Card or Bank I	nformation (Whe	re you receive the	account statement	<ol> <li>Please select if the add</li> </ol>	lress is the same as the primary	y holder X
Name (as it appears or	n the Bank or card State	ment)	Address			
Luis Perez			123 Port Ave			
City		State		ZIP Code		Country
Miami		FL		33123	Unite	d States
Card number			Expiration date (mo	m(year) CVV	Amount to pay	Date to debit
5252 5252 5252	2 5252		10-22	123	USD \$ 89.00	08/03/2022
Bank Information (ACI	H)					
□ <del>□</del>	.,					
Bank Account Type	Bank N	ame		Routing Number	Account No	ımber
Payment infor	mation by Zelle o	or Wire transfei	r			
Payment inform	mation by Zelle o	or Wire transfei	r			
□żelle	mation by Zelle (	or Wire transfe	Reference numb	er	Confirmation nu	ımber (if applicable)
	mation by Zelle (	or Wire transfe		er	Confirmation nu	mber (if applicable)
□żelle	mation by Zelle (	or Wire transfe		er	Confirmation nu	mber (if applicable)
Name  I hereby declare and affire	WIRE TRANSFER	ntoined in this form is tru	Reference numbers			
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	TRANSFER	ntoined in this form is tru consibility to report any false, incorrect or miste	Reference numbers and correct to the best y changes immediately. I			BANK OR CARD
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	TRANSFER  WIRE TRANSFER	ntoined in this form is tru consibility to report any false, incorrect or miste	Reference numbers and correct to the best y changes immediately. I		Confirmation no	
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	TRANSFER	ntained in this form is tru consibility to report any false, incorrect or misle es of the plan.	Reference numbers and correct to the best y changes immediately. I			BANK OR CARD
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	m that the information cord I agree that it is my respected and/o for the beneficiarion.  Zelle Information.	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation	Reference numbers and correct to the best y changes immediately. I		Wire transfer BANK OF AMERICA	/ BANK OR CARD (Signature)
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation maserglobal.com of the holder and	Reference numbers and correct to the best y changes immediately. I		Wire transfer  BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	/ BANK OR CARD (Signature)
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation	Reference numbers and correct to the best y changes immediately. I		Wire transfer BANK OF AMERICA SWIFT: BOFAUS3N	/ BANK OR CARD (Signature)
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation maserglobal.com of the holder and	Reference numbers and correct to the best y changes immediately. I		Wire transfer  BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	/ BANK OR CARD (Signature)
Name  Thereby declare and affinition of my understand that in the even understand the even understand the even understand that in the even understand the even underst	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation maserglobal.com of the holder and	Reference numbers and correct to the best y changes immediately. I		Wire transfer  BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	/ BANK OR CARD (Signature)
Name  I hereby declare and affir of my understand that in the evias of benefits both for m	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation maserglobal.com of the holder and	Reference numbers and correct to the best y changes immediately. I		Wire transfer  BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	/ BANK OR CARD (Signature)
Name  I hereby declare and offin of my understand that in the extens of benefits both for many that in the extens of benefits both for many that is not benefits between the control of the con	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation maserglobal.com of the holder and	Reference numbers and correct to the best y changes immediately. I		Wire transfer  BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	/ BANK OR CARD (Signature)
Name  I hereby declare and offine of my understanding an understand that in the explose of benefits both for many that is the explose of the profile of the	m that the information cord I agree that it is my respected and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the and/o for the beneficiarly Zelle Information is the analysis of the beneficiarly Zelle Information in the control of the contro	ntoined in this form is tru consibility to report any false, incorrect or misle es of the plan. mation maserglobal.com of the holder and	Reference numbers and correct to the best y changes immediately. I		Wire transfer  BANK OF AMERICA SWIFT: BOFAUS3N ABA: 026 009 593	/ BANK OR CARD (Signature)