



PROFILE FOR THE ChFEBC DIRECTORY

Please provide information you want us to list in the ChFEBC Directory (at no cost to you) for the federal employee to contact you. At the moment, all we have on the Directory is your name, phone number and address. Please print.

Name: _____

Organization: _____ Broker Dealer: _____

Business

Address: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

States Currently Licensed: _____

You can be listed under more than one state, provided you have an active office in that state, or a location where you can service clients. Please list the address for any additional office locations that apply. _____

CRD# _____ If a CFP, Registration ID# _____

_____ I am a financial planner and do total needs analysis when working with a client.

Primary Insurance

Companies: _____

Services you

provide: _____

Primary Investment

Companies: _____

Other information you would want us to add:

PLEASE WRITE LEGIBLY

FEBSI, Inc. Use Only:

Date Received: _____

Date listed on Directory: _____