



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.

Name: _____

Organization: _____ Broker Dealer: _____

Business Address: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

States Currently Licensed: _____

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:

FEBSI, Inc. Use Only:

Date Received: _____

Date listed on Directory: _____