



## 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check box if you do not wish to be listed on directory.

Check box if you do not wish to have CRD# on website

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:

\_\_\_\_\_

Your Web Site URL: \_\_\_\_\_

PLEASE WRITE LEGIBLY

Date Received: \_\_\_\_\_

Date listed on Directory: \_\_\_\_\_