

# MEMBER REFERRAL FROM CREDIT UNION STAFF

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
 Home  Cellular  Office  Other  Home  Cellular  Office  Other

Appointment With: Representative Name \_\_\_\_\_ Location \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ *(Confirmed with Coordinator)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Investment Planning | <input type="checkbox"/> Long Term Care Planning    | <input type="checkbox"/> Estate Planning     |
| <input type="checkbox"/> Insurance Planning  | <input type="checkbox"/> Pension Rollovers          | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> IRA                 | <input type="checkbox"/> Brokerage                  | <input type="checkbox"/> Mutual Funds        |
|  | <input type="checkbox"/> Education Funding Planning | <input type="checkbox"/> Other               |

Comments: \_\_\_\_\_

By signing below, I authorize the financial services program located at the credit union to contact me using the telephone number(s) specified above, even though these numbers may appear on the national or my state Do Not Call Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CU Employee Department

\_\_\_\_\_  
CU Employee Name

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