

SnoCope Credit Union  
REFERRAL FORM

Name: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am interested in speaking with a Representative of Foresters Financial Services, Inc. ("FFS") a registered broker-dealer, regarding the investment and insurance products and services FFS makes available.

By filling out and signing this form, I am consenting to SnoCope Credit Union sharing my name, email address and telephone numbers indicated above with an FFS Representative. By signing below, I am also consenting to an FFS Representative contacting me by telephone and/or email address provided above for the purpose of discussing the investment and insurance products and services FFS makes available, regardless of whether or not my name and/or number appear on any state or federal Do-Not-Call List(s).

Signature: \_\_\_\_\_

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

SnoCope Credit Union Authorized Employee:

\_\_\_\_\_

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

Appointment Date & Time with an FFS Representative: \_\_\_\_\_