

# FORTUNE FINANCIAL SERVICES, INC.

Independent Broker/Dealer

## NEW AGENT INTAKE FORM

As a Member FINRA firm, Fortune Financial Services, Inc. has the responsibility to investigate the backgrounds and qualifications of each person who makes application for registration with the firm and requires written consent of the applicant to do so. In order to be considered for affiliation with the firm, this form must be completed in its entirety and mailed to us along with a one-time non-refundable check of \$40 made payable to "Fortune Financial Services, Inc" and a copy of your most recent 1099.

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

Referred by: \_\_\_\_\_ of \_\_\_\_\_  
(Full Name) (Firm Name)

### Personal Information

Full Name:

Birth date:

SSN:

Home Address:

PO Box:

City:

State:

ZIP:

Home Phone:

Cell Phone:

Email:

### Business Information

Main Lines of Business:

Business Name:

Address:

PO Box:

City:

State:

ZIP:

Bus. Phone:

Fax No:

Professional Website Address:

I currently hold the following FINRA securities licenses: \_\_\_\_\_

I earned at least \$15,000 in securities-generated income last year:  Yes  No

I am presently interested in: (check one)

Maintaining my securities licenses  Becoming securities licensed  Retiring my book of business

My current broker/dealer is: \_\_\_\_\_

If I do not have a broker/dealer affiliation, I have been without a broker/dealer for \_\_\_\_\_ months.

I am affiliated with the following Insurance Marketing Organization(s) (IMO): \_\_\_\_\_

By signing below, I do hereby give Fortune Financial Services, Inc my authorization and consent to access any and all information available electronically or otherwise from the Central Registration Depository (CRD) of the Financial Industry Regulatory Authority (FINRA). I also consent to a full credit check with FICO score and state criminal search and eviction record. I have enclosed a one-time non-refundable check of \$40 payable to Fortune Financial Services, Inc. to cover the costs of these inquiries. It is understood that a copy of this form will also serve as authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Review: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

# DISCLOSURE

## CONSUMER REPORT FOR EMPLOYMENT

A consumer report may be obtained for employment purposes with Fortune Financial Services, Inc.

**Privacy Act Notice:** Information gathered is to be used by Fortune Financial Services, Inc. in determining whether to hire potential candidates. It will not be disclosed outside Fortune Financial Services, Inc. except as required and permitted by law. You do not have to provide your authorization, but if you do not your employment may be delayed or rejected.