

"Ask First!"

This form is to be filled out by any person who is offering legal, financial, retirement, insurance, accounting, estate, long-term care or similar planning services. Respond to ALL categories completely; sign and date at the bottom of the page.

① **MY EDUCATION-** I have achieved the following level of education (check HIGHEST level achieved):

<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input checked="" type="checkbox"/> Masters or other Advanced Degree

② **MY CREDENTIAL(S)** - I have the following specialized credential(s) and training:

Jurist Doctorate (JD) special classes in taxes and financial planning; 40 years' experience in financial, estate & charitable planning. Conducted financial & estate workshops for over 25 years. Professional Fiduciary since 1996.

③ **MY RELEVANT LICENSE(S)-** I have the following license(s) giving me the legal authority to provide the services I am offering to you:

License Type	Covers What Activities	Issued By	License No.
Professional Fiduciary	Trusteeship, Executor, Agent for Health	California	#268
	Attorney in Fact, Conservatorships		

④ **LEGAL SERVICES-** (Check ONE):

I DO NOT practice law, and the services I am offering to you do not involve practicing law.

⑤ **OUR BUSINESS RELATIONSHIP** - Check TRUE or FALSE:

True / False: In our business relationship, I will at all times serve as a fiduciary and put your interests before my interests and those of my employer.


⑥ **MY COMPENSATION-** I will be paid in the following way (commission, fee, salary, etc.), by the named person or company, in connection with the services I am offering to you:

Way(s) I'll Be Paid	Payment Will Be Made By (name each person or company)
1% annually of Trust Value; \$250 hourly	Trust or Estate
please ask for a detailed fee schedule	No referral fees of any kind

⑦ **FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS-** Check TRUE or FALSE:

True / False: I offer or sell annuities, insurance, mutual funds or other financial products; or I am, or my employer is, affiliated with a person or organization that offers or sells annuities, insurance, mutual funds or other financial products.

⑧ **I certify under penalty of perjury that the responses herein are true to the best of my knowledge.**

Date: 2020/21	Business Name: Professional Fiduciary Services
Signature: 	Address: 24361 El Toro Road, Suite 260 Laguna Woods, CA 92637
Print Name: Peter C. Kote	Telephone: Office (949) 600-8625 pete@trusteeopro.com