

# "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.

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

|                     |   |
|---------------------|---|
| Some High School    | Some College  |
| GED                 | Bachelors Degree - <b>Econ w/ math minor (Occidental)</b> |
| High School Diploma | Masters or Other Advanced Degree - <b>MBA (UCLA)</b>      |

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

**CFP® – Certified Financial Planner.** I have worked as a financial planner since 2003. I am a member of the Financial Planning Association (FPA) and the National Association of Personal Financial Advisors (NAPFA), and I am required to complete continuing education each year.

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

| Registration Type                                | Covers What Activities                       | Issued By  | Registration No. |
|--|--|------------|------------------|
| <b>IAR-Inv. Advisor Rep.</b><br>(Not a license.) | <b>Eclectic Assoc.-RIA (Reg.Invest.Adv.)</b> | <b>SEC</b> | <b>801-21175</b> |
|  |  |            |                  |

**LEGAL SERVICES - (Check ONE):**

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

- I DO practice law, and have an active license to practice law in California.
- I DO practice law, but DO NOT have an active license to practice law in California.

**OUR BUSINESS RELATIONSHIP: FIDUCIARY AND CLIENT**

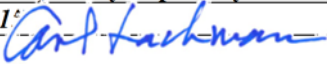
**TRUE – In our business relationship, I am legally held to the fiduciary standard, so I will put your interest before my interests and those of my employer.**

**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: **FEE ONLY** Payment will be made by: **CLIENT ONLY**  
**1.0% annually on first \$1,000,000 of investment assets. Fee drops thereafter.**

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

**FALSE: I do not sell any financial products, my business does not sell any products, and we are not affiliated with any business that sells financial products.**

|   |   |
|---|---|
| <b>I certify under penalty of perjury that the responses herein are true to the best of my knowledge.</b> |   |
| Date: 4/1/2014  | Business Name: <b>Eclectic Associates, Inc.</b>                     |
| Signature:             | Address: <b>1021 West Bastanchury Rd. #120, Fullerton, CA 92833</b> |
| Print Name: <b>Carl Lachman</b>   | Email address: <b>clachman@eclecticassociates.com</b>               |
| Telephone: <b>714-738-0220</b>  | Website: <b>www.eclecticassociates.com</b>                          |