

# "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 checked="" type="checkbox"/> High School Diploma	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> GED	<input checked="" type="checkbox"/> Some College <i>Associate Degree</i>	<input type="checkbox"/> Masters or other Advanced Degree

② MY CREDENTIAL(S)- I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience):

<i>Licensed Respiratory Therapist 1989 - acute care setting Also worked in skilled care environment x 10yrs and Home Care setting x 15yrs. Licensed Vocational Nurse - 2017; Care Management x 5yrs</i>
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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 (examples: bar license (attorney); securities license; insurance license):

License Type	Covers What Activities	Issued By	License No.
<i>LVN</i>	<i>Private Nurse Care Management</i>	<i>CA Board of Nursing</i>	<i>693788</i>

④ 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. I am, however, under the supervision of the following attorney who has an active license to practice law in California:

Name of attorney:	Telephone:
Address:	

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)
<i>Private Pay</i>	<i>Privately: Client, Family or Trust</i>

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: <i>05-11-21</i>	Business Name: <i>RN Health Management</i>
Signature: <i>Tara Ackley</i>	Address: <i>7939 E. Christopher Ct, Anaheim Hills CA 92808</i>
Print Name: <i>Tara Ackley</i>	Telephone: <i>(949) 939-0547</i>