

**"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 CSUF 2001
High School Diploma	Masters or Other Advanced Degree

**MY CREDENTIAL(S)-** I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience): **CLPF in California no. 310, Certified Financial Planner**

**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):

License Type	Covers What Activities	Issued By	License No.
CFP	Review monthly asset allocation, no-load mutual funds.	Board of Certified Financial Planners	77942
CLPF # 310	Conservatorship, Successor Trustee, Executor, Special Administrator, etc.	Professional Fiduciary Bureau CA	310

**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: TRUE** – In our business relationship, I will at all times serve as a fiduciary and 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: Percentage of Assets: 1% on \$5million, .75% after. \$210 hourly in court.**

**Payment will be made by:** Client

**FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS** – Circle one please

**True or 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.

<b>I certify under penalty of perjury that the responses herein are true to the best of my knowledge.</b>	
Date: 5/23/2021	Business Name Professional Fiduciary Services
Signature: 	Address: 24361 El Toro Road, Suite 260, Laguna Woods, CA 92637 email: richard@profidsvs.com
Print Name: Richard R. Huntington	Telephone: 949-608-8625 cell: 949-748-0911

A Non-Profit Information Resource for Older Adults

1404 Cravens Avenue

Torrance, California 90501

(310) 533-1996 Also free for Internet download at: <http://www.help4srs.org>

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