

This form is to be filled out by any person who is offering legal, financial, retirement,

## **“Ask First!”**

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"/> Bachelors 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 (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience):

Masters of Science in Foreign Service – Georgetown University  
Bachelors of Arts in Economics – UC Berkeley  
Certificate in Trust Administration – CSU Fullerton  
Certificate in Elder Mediation – Mediation Training & Consultation Institute

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.
California Licensed Professional Fiduciary	All fiduciary positions: trustee, agent for POA, agent for ADHD, Executor	Professional Fiduciary Bureau	822

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)
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Trust Administration: prorated 1% AUM	Trust assets
Incapacity positions: \$195/hour	Client assets
Probate administration: statutory fee	Probate estate

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: November 1, 2020	Business Name: Professional Fiduciary Services
Signature: 	Address: 20351 Irvine Ave, Suite C3, Newport Beach, CA 92660
Print Name: T. Trevor Murphy	Telephone: Direct: (949) 463-1507