"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):

☐ Some High School	☐ High School Diploma	☑ Bachelors Degree
☐ GED	☐ Some College	☐ 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):

Certified Financial Planner (CFP) since 1997
Accredited Plan Administrator (APA) since 1995

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.
-none-			

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)
Project-based planning fee (based on complexity, $500 to $3,500 for most Reviews)	Client
or... Monthly proactive planning fee ($300 to $400 per month)	Client
or... Proactive planning fee paid as percentage of assets (0.6% and lower)	Client

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: October 2021	Business Name: MILE Wealth Management LLC
Signature:	Address: 100 Spectrum Center Drive, Suite 900, Irvine, CA 92618
Print Name: Mark Wilson	Telephone: 949-441-4410