"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.

☐ Some High School		ne following level of education (chec □ High School Diploma		□ Bachelors Degree		
□ GED		□ Some College		Masters or other Advanced Degree		
© MY CREDENTIAL(S)- I have CLU, CPA, JD, MBA, years of			al(s) and training (exa	mples: CFP, ChFC,		
MY RELEVANT LICENSE services I am offering to y						
License Type	Covers What Ad		Issued By	License No.		
CLPF F	Fiduciary Pos	2Noit is	Prof. Fiduciary Bo Bureau	822		
☐ I DO practice law, and have ☐ I DO practice law, but DO N supervision of the following Name of attorney:	NOT have an active li	cense to practic	e law in California. I a			
Address:						
⑤ OUR BUSINESS RELATION True / □ False: In our busing before my interests and those ⑥ MY COMPENSATION- I w	ness relationship, I wi e of my employer.	ll at all times se				
person or company, in conne				c., by the named		
Way(s) I'll Be	Payment Wil	Payment Will Be Made By (name each person or company)				
Management Fee - 1% of gross Client or Trust or Estate						
Extraordinary Houli	1 Fee - #225/hr	Clie	nt or Trust i	or Estatl		
⑦ FINANCIAL PRODUCTS / □ True / False: I offer or se employer is, affiliated with a p other financial products.	ell annuities, insurand person or organization	ce, mutual funds n that offers or s	or other financial pro cells annuities, insurar	ducts; or I am, or my nce, mutual funds or		
® I certify under penalty of				of my knowledge.		
	<u></u>					
Date: 5/12/2022 Signature: 7			Bro Rel #260,	Lary Services		