

"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 type="checkbox"/> High School Diploma | <input checked="" 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):

Founder & CEO, RN, BS, CCM, MCG, LNC

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. |
|------------------------|--|--------------------------------|-------------|
| RN | Protects & advocates for the health & safety of the public | CA Board of Registered Nursing | 223346 |
| Certified Case Manager | Over-site of all care complex components | Commission for CCMC | 24875 |
| | | | |

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) |
|-------------------------------------|---|
| Basic Assessment \$400 | Senior Citizen, family member, Trustee or Fiduciary |
| Comprehensive On-site Assessment \$ | Senior Citizen, family member, Trustee or Fiduciary |
| Hourly Rate \$195 | Senior Citizen, family member, Trustee or Fiduciary |

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: 3/28/22 | Business Name: Council on Aging Southern California |
| Signature:  | Address: 2 Executive Circle #175, Irvine, CA 92614 |
| Print Name: Kari Buist-Baker | Telephone: (949) 616-5748 kbuist-baker@coasc.org |