

“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):

Table with 3 columns: Some High School, High School Diploma, Bachelors Degree (checked), 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):

CFP , 40 years experience

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):

Table with 4 columns: License Type, Covers What Activities, Issued By, License No.

④ LEGAL SERVICES- (Check ONE):

- I DO NOT practice law, and the services I am offering to you do not involve practicing law. (checked)
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. (checked)

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:

Table with 2 columns: Way(s) I'll Be Paid, Payment Will Be Made By (name each person or company). Fees, 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. (checked)

⑧ I certify under penalty of perjury that the responses herein are true to the best of my knowledge.

Date: March 21, 2022 Business Name: Tarbox Family office
Signature: [Signature] Address: 500 Newport Center Dr #500 Newport Beach
Print Name: Laura Tarbox Telephone: 949-721-2330