"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.

□ GED □ GED □ Some College □ Some C	MY EDUCATION- I have a	achieved th	e following	level of educatio	n (chec	k HIGHEST lev	vel achieved):	
© MY CREDENTIAL(S)- I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience): J.D., LL.M. (Tax) 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 licenses): License Type Covers What Activities Issued By License No. Attorney Practice of Law California 240574 3 LEGAL SERVICES- (Check ONE): □ IDO NOT practice law, and the services I am offering to you do not involve practicing law. □ IDO 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: □ 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. ■ 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) Hourly fee The person receiving services □ 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; □ True / □ False: I offer or sell annuities, insurance, mutual funds or other financial products; □ I rue / □ False: I offer or sell annuities, insurance, mutual funds or other financial products. □ Lecrify under penalty of perjury that the responses herein are true to the best of my knowledge. □ Business Name: Michael J. Giangrande, JD, LLM. Professional Tax Advisor Address: 377 E. Chapman Ave., Ste. 108, Placentia, CA 92870								
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	□ GED □		□ Some College			■ Masters or other Advanced Degree		
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Services I am offering to you (examples: bar license (attorney); securities license; insurance license); License Type	J.D., LL.M. (Tax)							
License Type Covers What Activities Issued By License No. Attorney Practice of Law California 240574 Business Revices- (Check ONE): Do NoT practice law, and the services I am offering to you do not involve practicing law. Do practice law, and 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: 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. May 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) Hourly fee The person receiving services 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. Pictify under penalty of perjury that the responses herein are true to the best of my knowledge. Date: 9/4/2025 Business Name: Michael J. Giangrande, JD, LLM - Professional Tax Advisor Signature: Address: 377 E. Chapman Ave., Ste. 108, Placentia, CA 92870	3 MY RELEVANT LICENSE services I am offering to	(S)- I have you (exam	the following ples: bar lice	ng license(s) givi ense (attorney);	ng me t securiti	the legal authories license; inst	rity to provide the urance license):	
© 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: ☐ 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. ☐ MY COMPENSATION- I will be paid in the following way (commission, fee, salary, etc.), by the named berson 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) ☐ Hourly fee ☐ 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: ☐ I certify under penalty of perjury that the responses herein are true to the best of my knowledge. ☐ Date: 9/4/2025 ☐ Business Name: Michael J. Giangrande, JD, LLM - Professional Tax Advisor Signature: ☐ Address: 377 E. Chapman Ave., Ste. 108, Placentia, CA 92870								
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© 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. ☐ MY COMPENSATION- I will be paid in the following way (commission, fee, salary, etc.), by the named berson or company, in connection with the services I am offering to you: ☐ Way(s) I'll Be Paid				Telephone:				
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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. **I certify under penalty of perjury that the responses herein are true to the best of my knowledge.** Date: 9/4/2025 Business Name: Michael J. Giangrande, JD, LLM - Professional Tax Advisor Signature: Address: 377 E. Chapman Ave., Ste. 108, Placentia, CA 92870	Hourly fee			The person receiving services				
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