

# "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 type="checkbox"/> Bachelors Degree
<input type="checkbox"/> GED	<input checked="" type="checkbox"/> Some College <i>Associates Degree</i>	<input 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):

*CMC - Certified Care Manager issued by Nat'l Academy of Certified Care Managers*

**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.
<i>LVN</i>	<i>Vocational Nurse</i>	<i>Board of Prof. Nursing</i>	<i>693788</i>
<i>RCP</i>	<i>Respiratory Care Practitioner</i>	<i>Respiratory Care Board</i>	<i>(expired) 12322</i>

**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)
<i>I am paid directly per invoice.</i>	<i>I am paid by the Client or DPOA-HC</i>

**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: <i>10-8-2024</i>	Business Name: <i>Age Well Care Consultants</i>
Signature: <i>Tara Ackley</i>	Address: <i>971 S. Park Rim Circle, Anaheim, CA 92807</i>
Print Name: <i>Tara Ackley</i>	Telephone: <i>(949) 878-5466</i>