# "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):

| | | |
|---|---|---|
| ☐ Some High School | ☐ High School Diploma | ☒ Bachelors Degree |
| ☐ 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®, CPA

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. |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |

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) |
|---|---|
| Salary | RS Crum, Inc |
| | |
| | |

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: 10/27/2026 | Business Name: RS Crum, Inc |
| Signature: | Address: 4 Upper Newport Plaza Dr, Ste 201, Newport Beach, CA 92660 |
| Print Name: Mitch Christensen | Telephone: 949-428-9696 |

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