

# "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 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):

JD (Juris Doctor), 35 plus years in law practice, Admitted to California Bar, Admitted to U.S. Federal District Court, Central District of California.

**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.
Attorney and Counselor	To practice law	State Bar of California	132078

**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.

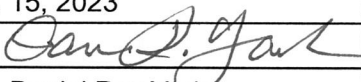
**⑥ MY COMPENSATION-** I will be paid in the following way (commission, fee, salary, etc.), by the named person or company, in connection with the services I am offering to you:

Way(s) I'll Be Paid	Payment Will Be Made By (name each person or company)
Fee for service (either agreed fixed fee or agreed hourly fee)	Client or person/entity expressly authorized by 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.

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

Date: Sept. 15, 2023	Business Name: LAW OFFICE OF DANIEL R. YORK
Signature: 	Address: 1953 E. Chapman Ave., Fullerton, CA 92831
Print Name: Daniel Ray York	Telephone: (714) 738-3400