

"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- Associates Degree	☐ 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):

Certified Care Manager by National Assoc. of Certified Care Managers
Over 25 years in Orange County - Working in Various Seniors Services- Promoting Safety and Independence

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.
Vocational Nurse	Nursing Skills for Patient Care and Safety	Board of VPNP	693788
Respiratory Therapist	Practices of Respiratory Therapies	Board of RCP	(expired)

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	By My 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: <u>Sept. 22, 2026</u>	Business Name: <u>Age Well Care Consultants</u>
Signature: <u>Tara Ackley</u>	Address: <u>Anaheim Hills, CA</u>
Print Name: <u>Tara Ackley, LVN, CMC</u>	Telephone: <u>(949) 878-5466 cell</u>