

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

Certified Financial Planner (CFP®) & Chartered Financial Analyst (CFA®)
17 years work experience at Eclectic Associates. FPA of Orange County, Past President.

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.
IAR- Inv Advisor Rep	Eclectic Associates, Inc. - RIA	SEC	801-21175
(Not a license)			

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 ONLY	CLIENT ONLY

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: 8/28/2023	Business Name: Eclectic Associates, Inc.
Signature: David K. MacLeod	Address: 1440 N. Harbor Blvd. #220, Fullerton, CA 92835
Print Name: David K. MacLeod	Telephone: 714-738-0220