"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	X 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):

CFA: Certified Financial Analyst

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):

X 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:

X 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)
Asset Based Fee which declines annually	The client

⑦ **FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS**- Check TRUE or FALSE:

☐ True / X 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: 10/18/2024	Business Name: Knightsbridge Wealth Management
Signature: John Prichard	Address: 450 Newport Center Drive #630, Newport Beach CA 92660
Print Name: John Prichard, CFA	Telephone: (949) 644-4444