"Ask First!"

Signature: // /

Print Name: Kathleen Castro

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	e achieved th	e following le	evel of education	on (chec	k HIGHEST le	evel achieved):
☐ Some High School		☐ High School Diploma			☐ Bachelors Degree	
□ GED		☐ Some College		■ Masters or other Advanced Degree		
© MY CREDENTIAL(S)- CLU, CPA, JD, MBA, year				ıl(s) and	training (exan	nples: CFP, ChFC,
JD						
MY RELEVANT LICEN services I am offering						
License Type			ctivities I		sued By	License No.
JD	JD practice of law i		n CA	CA State Bar		169747
 LEGAL SERVICES- (O I DO NOT practice law, I DO practice law, and h I DO practice law, but D supervision of the foll 	and the service have an active O NOT have	license to p an active lice	ractice law in C ense to practice	California e law in	a. California. I ar	m, however, under the
Name of attorney:			Telephone:			
Address:			·			
A ALID DUOINEGO DEL	TIONOUID 6	N L TOUE	E41.0E			
⑤ OUR BUSINESS RELA ■ True / □ False: In our b				ve as a	fiduciary and r	out vour interests
before my interests and th			at all tillioo cor	vo do d	nadolary aria p	out your interests
© MY COMPENSATION- person or company, in cor					ee, salary, etc	c.), by the named
Way(s) I'll Be Paid			Payment Will Be Made By (name each person or company)			
N/A						
TINANCIAL PRODUCT	ΓS / AFFILIAT	ED ORGAN	IIZATIONS- CH	neck TR	UE or FALSE:	
☐ True / ■ False: I offer of employer is, affiliated with other financial products.	or sell annuities	s, insurance	, mutual funds	or other	financial prod	lucts; or I am, or my
I certify under penalty	of perjury th	at the resp	onses herein a	are true	to the best o	f my knowledge.
Date: 10-6-25 Business Name: Castro Law, PC						

Address: 377 E. Chapman Ave, #220, Placentia, CA 92870