

"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 |

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 |
|-----------------------------------|

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. |
|--------------|--------------------------------|------------------|-------------|
| CLPF | Trustee, Executor, Conservator | CA Dept of State | 310 |
| | | | |
| | | | |

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.

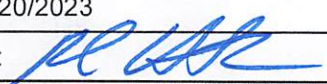
⑥ **MY COMPENSATION-** I will be paid in the following way (commission, fee, salary, etc.), by the named person or company, in connection with the services I am offering to you:

| Way(s) I'll Be | Payment Will Be Made By (name each person or company) |
|---------------------------------------|---|
| Percentage of Estate approximately 1% | Client |
| Hourly at \$225/hr | |
| Court statutory fees | |

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: 10/20/2023 | Business Name: Professional Fiduciary Services |
| Signature:  | Address: 24361 El Toro Road, Suite 260, Laguna Woods, CA 92637 |
| Print Name: Richard Huntington | Telephone: 949.748.0911 cell, 949.600.8625 office |