

Signature: Warty WcNamara

Print Name:

Marty McNamara

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 ha	ve achieved th	he following le	vel of educatio	n (chec	k HIGHEST lev	el achieved):
□ Some High School		☐ High School Diploma			⊠ Bachelors Degree	
□ GED		□ Some College		☐ Masters or other Advanced Degree		
② MY CREDENTIAL(S)- CLU, CPA, JD, MBA, yea	ars of relevant	experience):				
CPA - Certified Public A 21 years of experience			•			
3 MY RELEVANT LICE services I am offerin	· ,		` , •	•	•	
License Type	Cov	vers What Activ	ities	Issued By		License No.
CPA	Public accounting, including tax			Accountancy Board of Ohio		43852
Series 65 Investment advice				FINRA		5281683
<ul> <li>④ LEGAL SERVICES- ((</li> <li>☑ I DO NOT practice law</li> <li>☐ I DO practice law, and</li> <li>☐ I DO practice law, but I supervision of the fo</li> </ul>	, and the serv have an active DO NOT have	e license to pra an active lice	actice law in C nse to practice	alifornia law in	a. California. I am	, however, under the
Name of attorney:			Telephone:			
Address:						
⑤ <b>OUR BUSINESS REL</b> ☑ True / □ False: In our before my interests and t	ousiness relati	ionship, I will a		∕e as a≐	fiduciary and pu	ut your interests
MY COMPENSATION person or company, in company.					ee, salary, etc.)	, by the named
Way(s) I'll Be Paid			Payment Will Be Made By (name each person or company)			
Salary and firm profits			marrick wealth			
<b>7 FINANCIAL PRODUC</b>	TS / AFFILIA	TED ORGAN	IZATIONS- Ch	eck TR	RUE or FALSE:	
☐ True / ☒ False: I offer employer is, affiliated with other financial products.						
® I cortify under penalt	v of porium 4	hat the reces	nege harain a	ro truc	to the best of	my knowlodgo
Date: 3/26/2024	ler penalty of perjury that the responses herein are true to the best of my knowledge.  Business Name: marrick wealth					

Address: 2211 Michelson Dr. Suite 545 Irvine, CA 92612

# **Protect Yourself**

Use the form to "Ask First!"



Healthcare and Elder Law Programs

# See the back for the "Ask First!" form - Keep the form handy.

#### The reason for "Ask First!"

Many planning advisors are well-qualified and capable, and make fair disclosure to their clients. Unfortunately, unqualified or dishonest individuals also pretend to be expert planning advisors; and many of them provide sub-standard services or have hidden financial motives in providing their "planning services."

# Why use "Ask First!"?

- You are entitled to the information which the form requests.
- You can find out in advance if the person offering planning services to you has legitimate professional credentials.
- You can find out in advance if the person will serve as a fiduciary and put your interests first.
- You can find out in advance if the person has hidden financial motives.

You can use the completed form as evidence, if the person's answers are false.

## When to use "Ask First!"

- Have the person offering planning services complete and return the form to you, before you do any other business.
- At the same time, ask for and check the person's references.

## How to use "Ask First!"

- If the person is reluctant to complete the form, take this as a warning.
- If the person will not put your interests first, take this as a warning.
- Review the person's answers, and look for missing or inconsistent information.
- Check out the person's licenses and other credentials, and past complaints and sanctions.

If the person doesn't answer all the questions, or if the answers make you uncomfortable, or if the answers do not "check out," do not do business with the person. Look for another planner!

Feel free to make copies of the form for your personal use.