

**“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.

**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 type="checkbox"/> Bachelors Degree
<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input checked="" type="checkbox"/> <b>Masters or other Advanced Degree</b>

**MY CREDENTIAL(S)-** I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience):

CPA 30+ years
---------------

**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.
Certified Public Accountant	Accounting/Consulting	California	41441

**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.

**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.

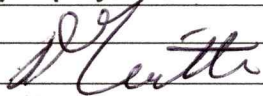
**MY COMPENSATION-** I will be paid in the following way (commission, fee, salary, etc.), by the named person or company, in connection with the services I am offering to you:

Way(s) I'll Be Paid	Payment Will Be Made By (name each person or company)
Hourly	Client only

**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.

**I certify under penalty of perjury that the responses herein are true to the best of my knowledge.**

Date: April 15, 2023	Business Name:
Signature: 	Address:
Print Name: Don Vivrette	Email: Don@ItsYourMoneyAndEstate.org