

Date: March 19, 2025

Signature: Michael Allbee

Print Name: Michael Allbee

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 h	ave achieved the follow	ving level of education	n (check HIGHEST le	vel achieved):	
☐ Some High School	□ High S	□ High School Diploma		X Bachelors Degree	
□ GED	□ Some	□ Some College		☐ Masters or other Advanced Degree	
② MY CREDENTIAL(S) CLU, CPA, JD, MBA, ye			(s) and training (exam	ples: CFP, ChFC,	
Certified Financial Pla 18 years of experienc					
③ MY RELEVANT LICE services I am offeri	ENSE(S)- I have the foling to you (examples: b				
License Type	ype Covers What Activiti		Issued By	License No.	
CFP®	Investments, Tax, Estate Planning, Retirement & Income		CFP® Board	253719	
Series 65 Investment Advisor Rep – Pol		– Portfolio Management	FINRA	N/A	
□ I DO practice law, but supervision of the f	ollowing attorney who h	•			
		·			
Address:			'		
© OUR BUSINESS RE	I ATIONSHID- Chack T	DIJE or EALSE:			
X True / \square False: In our before my interests and	business relationship,		ve as a fiduciary and p	ut your interests	
© MY COMPENSATIO person or company, in c	• • • • • • • • • • • • • • • • • • •	O 5 \), by the named	
Way(s) I'll Be Paid			Payment Will Be Made By (name each person or company)		
Fee-Only (asset-based or fixed)		Client Only			
Hourly (financial planning)		Client Only			
7 FINANCIAL PRODU	CTS / AFFILIATED OR	RGANIZATIONS- Che	eck TRUE or FALSE:		
$\hfill\Box$ True / X False: I offe	r or sell annuities, insu	rance, mutual funds o	or other financial produ	ucts; or I am, or my	
employer is, affiliated windown other financial products.		ation that offers or se	lls annuities, insurance	e, mutual funds or	
8 I certify under pena	Ity of perjury that the	responses herein a	re true to the best of	my knowledge.	

Business Name: Benefit Financial Services Group (BFSG)

Address: 2040 Main Street Suite 720, Irvine, CA 92614

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.