"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.

® I certify under penalty of perjury that the responses herein are true to the best of my knowledge. Date: 3/19/25 Business Name: marrick wealth Signature: Address: 2211 Michelson Drive, Suite 545, Irvine, CA 92612	① MY EDUCATION- I have achieved the	e following le	evel of education	on (chec	k HIGHEST lev	rel achieved):	
MY CREDENTIAL(S)- I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience): MBA - Cornell University, CPA - Certified Public Accountant, CFP® - Certified Financial Planner, PFS - Personal Financial Specialist. 22 yrs. of relevant experience in investments and financial planning, including estate and income tax matters. 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 Public accounting CA Board of Accountancy 95207 B 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 am, however, under the supervision of the following attorney who has an active license to practice law in California: Name of attorney: Address: O 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) Salary Fee schedule available at marrickwealth.com Prinancial products. Prinancial 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; 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. Pricertify under penalty of perjury that the responses herein are true to the be			Diploma	Bachelors Degree			
CLU, CPA, JD, MBA, years of relevant experience): MBA - Cornell University, CPA - Certified Public Accountant, CFP® - Certified Financial Planner, PFS - Personal Financial Specialist. 22 yrs. of relevant experience in investments and financial planning, including estate and income tax matters. 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	GED Some Col		ge		✓ Masters or other Advanced Degree		
License Type Covers What Activities Issued By License No. Certified Public Accountant Public accounting CA Board of Accountancy 95207 Description of LEGAL SERVICES- (Check ONE): Description No. Practice law, and the services I am offering to you do not involve practicing law. Description I DO NOT practice law, and 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: 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) Salary marrick wealth Fee schedule available at marrickwealth.com 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. FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS- Check TRUE or FALSE: True / False: I offer or sell annuities, insurance, mutual funds or other financial products. License Name: marrick wealth Address: 2211 Michelson Drive, Suite 545, Irvine, CA 92612	CLU, CPA, JD, MBA, years of relevant e MBA - Cornell University, CPA - Certified Public 22 yrs. of relevant experience in investi	experience): Accountant, C ments and fi	FP® - Certified Fi	nancial Pl	anner, PFS - Perso	onal Financial Specialist.	
Catified Public Accountant							
© 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:		License Type Covers What Activ		Issued By			
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Name of attorney: Address: ③ 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 Paid Payment Will Be Made By (name each person or company) Salary marrick wealth Fee schedule available at marrickwealth.com ② 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. ③ I certify under penalty of perjury that the responses herein are true to the best of my knowledge. Date: 3/19/25 Business Name: marrick wealth Signature: Address: 2211 Michelson Drive, Suite 545, Irvine, CA 92612	☐ I DO practice law, and have an active☐ I DO practice law, but DO NOT have a	license to pr an active lice	ractice law in C ense to practice	California e law in (ı. California. I am	, however, under the	
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	A) All						
	Print Name: Patrick Chu, CPA/PFS, CFP®						