

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

② MY CREDENTIAL(S)- I have the following specialized credential(s) and training (examples: CFP, ChFC, CLU, CPA, JD, MBA, years of relevant experience):

| |
|---|
| MBA; JD (23 years); Accredited Estate Planner® (AEP); Certified Specialist in Estate Planning, Probate & Trust Law by the State Bar of California Board of Legal Specialization |
|---|

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. |
|--------------|------------------------|-----------------|-------------|
| JD | Legal Services | State Bar of CA | 208904 |
| | | | |
| | | | |

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: Leslie Daff | Telephone: (949) 497-5056 |
| Address: 352 3rd Street, #301, Laguna Beach, CA 92651 & 19200 Von Karman, #400, Irvine, CA 92612 | |

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 Paid | Payment Will Be Made By (name each person or company) |
|---------------------|---|
| Typically flat fee | Client |
| | |
| | |

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: 5/8/2024 | Business Name: Estate Plan, Inc. |
| Signature:  | Address: 352 3rd Street, #301, Laguna Beach, CA 92651 & |
| Print Name: Leslie Daff | Telephone: 19200 Von Karman, #400, Irvine, CA 92612 (949) 497-5056 |