

Signature: Tara Ackley

Print Name: TARA ACKLEY

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	nave achieved the	following level of education	on (check HIGHEST	level achieved):	
□ Some High School		High School Diploma	□ Bachelors	□ Bachelors Degree	
□ GED		${ m X}$ Some College	□ Masters o	☐ Masters or other Advanced Degree	
② MY CREDENTIAL(S CLU, CPA, JD, MBA, ye		wing specialized credentia xperience):	al(s) and training (exa	amples: CFP, ChFC,	
		the following license(s) giv bles: bar license (attorney)			
License Type	Cove	rs What Activities	Issued By	License No.	
Vocational Nurse	Medication assi	dication assistance and basic nurse care		VN693788	
□ I DO practice law, bu supervision of the f	t DO NOT have a following attorney	license to practice law in a active license to practic who has an active license	e law in California. I a e to practice law in C		
Name of attorney:			Telephone:		
Address:				_	
interests before my inte	our business relaterests and those of the land those of the land in the paid in the land i	ionship, I will at all times s of my employer. In the following way (comm	nission, fee, salary, e		
		ne services I am offering to			
Way(s) I'll Be Paid  By check of credit card			Payment Will Be Made By (name each person or company)  The client or responsible party		
By check of credit card	u 	The client of t	esponsible party		
$\hfill\Box$ True / $\hfill\Box X$ False: I o	offer or sell annuitied with a person o	ED ORGANIZATIONS- Cl es, insurance, mutual fund or organization that offers of	ds or other financial բ	oroducts; or I am, or	
8 I certify under pena	alty of perjury tha	at the responses herein	are true to the best	of my knowledge.	
Pate: 03/29/24 Busine		Business Name: RN Health	Name: RN Health Management		
O'		Address: Home Office	ome Office		

# **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.