

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

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

|                                   |
|-----------------------------------|
| Certified Financial Planner - CFP |
|-----------------------------------|

**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. |
|--------------|--------------------------------|------------------|-------------|
| CLPF         | Trustee, Executor, Conservator | CA Dept of State | 310         |
|              |                                |                  |             |
|              |                                |                  |             |

**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: Telephone: Address: |
|                                       |

**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                        | Payment Will Be Made By (name each person or company) |
|---------------------------------------|---|
| Percentage of Estate approximately 1% | Client  |
| Hourly at \$225/hr                    |   |
| Court statutory fees                  |   |

**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: 5/20/2023  | Business Name: Professional Fiduciary Services                 |
| Signature:  | Address: 24361 El Toro Road, Suite 260, Laguna Woods, CA 92637 |
| Print Name: Richard Huntington   | Telephone: 949.748.0911 cell, 949.600.8625 office              |