"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.

**MY EDUCATION**- I have achieved the following level of education (check HIGHEST level achieved):

| | |
|---|---|
| Some High School | Some College |
| GED | Bachelors Degree--B.S. Business-Highest Distinction |
| High School Diploma - YES | Masters or Other Advanced Degree –J.D.-Cum Laude |

**MY CREDENTIAL(S)**- I have the following specialized credential(s) and training:
**I have been admitted to practice law in the State of California since February 1993. Both of my degrees are from Indiana University-Bloomington**
**MY RELEVANT LICENSE(S)**- I have the following license(s) giving me the legal authority to provide the services I am offering to you (bar license (attorney); securities license; insurance license):

| License Type | Covers What Activities | Issued By | License No. |
|---|---|---|---|
| California Bar | Practice of Law | California State Bar | 163744 |
| | | | |

**LEGAL SERVICES** - (Check ONE)
•_____ I DO NOT practice law, and the services I am offering to you do not involve practicing law.
•__X_ 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 pratice law in California.

**OUR BUSINESS RELATIONSHIP:** Check TRUE OR FALSE **–** In our business relationship, I will at all times serve as a fiduciary and put your interest before my interests. **FALSE**

**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: Hourly Fees** **Payment will be made by**: Client

**FINANCIAL PRODUCTS / AFFILIATED ORGANIZATIONS** - Check TRUE or 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. **FALSE**

| **I certify under penalty of perjury that the responses herein are true to the best of my knowledge.** | |
|---|---|
| Date: 9/8/11 | Business Name: Samuels, Green & Steel, LLP |
| Signature: *Hugh A. Sanders* | Address: 19800 MacArthur Blvd., Suite 1000, Irvine, CA 92612 |
| Print Name: Hugh A. Sanders | Telephone: (949) 263-0004 |

A Non-Profit Information Resource for Older Adults HELP
1404 Cravens Avenue
Torrance, California 90501
(310) 533-1996 Also free for Internet download at: http://www.help4srs.org
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HELP designed the "ASK FIRST" form