

Asset identifier

Your plan to fund long-term care expenses

As part of the ongoing financial process,

NAME

and I have reviewed and discussed the risks of a life-changing event, such as an extended need for care. The estimated current cost of long-term care in your area is the following:*

\$

AT-HOME CARE

\$

ASSISTED LIVING

\$

PRIVATE NURSING HOME

DATE

COMPANY

ADDRESS 1

ADDRESS 2

PHONE NUMBER

*SOURCE FOR ABOVE COSTS

EMAIL ADDRESS

You have informed me that you would like to self-insure against an extended healthcare need using the following assets:

Account name	Account type	Account value	Account number

We will continue to review your plans to self-insure for long-term care expenses and how changes in your life may impact your future financial plans.

CLIENT NAME (PRINT)

FINANCIAL PROFESSIONAL NAME (PRINT)

SIGNATURE

SIGNATURE

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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