



Asset identifier

Your plan to fund long-term care expenses

As part of the ongoing financial process, _____
and I have reviewed and discussed the risks around 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:*

Date

Company

Address 1

Address 2

Phone number

Email address

• At home care =

• Assisted living =

• Private nursing home =

* Source for above costs =

You have informed me that they 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/sign

print/sign

Advisor name:

print/sign

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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LCN-2454710-030819

PDF 3/19 **Z01**

Order code: MGR-AA-FLI001



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