



Asset identifier

Your plan to fund long-term care expenses

Date
Company
Address 1
Address 2
Phone number
Email address

As part of the ongoing financial process, _____ 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 = _____
- * Source for above costs = _____

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/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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