

ASSET IDENTIFIER

Date: _____



As part of the ongoing financial process we reviewed and discussed our concerns. We've discussed the risks around a catastrophic event or extended healthcare need, the current cost of long-term care in your area is the following:

- At home care = _____
- Assisted living = _____
- Private nursing home = _____

_____ has informed me that they would like to self-insure against the catastrophic event or extended healthcare need, using the following assets:

Account Name	Account Type	Account Value	Account Number

We will continue to review how a catastrophic event or extended healthcare need will impact their financial future.

Client Name _____
(Print/Sign)

Advisor Name _____
(Print/Sign)