



## **Asset Protection Checklist**

**Client Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

What plan do you have in place to protect your assets and financial security in the event of a critical or chronic illness? \_\_\_\_\_

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If you did need care, how would you pay for it? Would you spend down your assets? \_\_\_\_\_

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Would your family's financial security be compromised if you were to die prematurely? \_\_\_\_\_

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Do you have "living benefits" life insurance or "death only" life insurance? \_\_\_\_\_

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Would you be interested in hearing about a plan that can pay for long term care expenses, pay a death benefit and has cash value? \_\_\_\_\_

*Which of these issues is most important to you in order of priority?*

1. \_\_\_\_\_ 2. \_\_\_\_\_