

Asset Protection Checklist

Client Name _____
Phone _____



1. **What plan do you have in place to protect your assets and financial security in the event of a critical or chronic illness, or even an extended care health care event?**

2. **Would your family's financial security be compromised if you were to die prematurely?**

3. **Do you have "living benefit" life insurance or "death only" coverage?**

4. **Do you have any concerns about outliving your income or your assets?**

5. **Would you be interested in learning about guarantee lifetime income strategies?**

6. **Are you concerned about the low interest rates you are earning on your "Safe Money"?**

7. **Do you have long term care insurance to protect your assets?**

8. **Do you have any assets earmarked for your children or grandchildren?**

Which of the above issues is most important to you in order of priority?

1. _____
2. _____
3. _____
4. _____
5. _____