



What you need to know  
*to customize a plan for your client*

## WHAT WOULD YOUR CLIENTS DO IF THEIR HEALTH CHANGED SUDDENLY?

<b>CASH-STRONG, AGE 60 PLUS</b>	<b>PRE-RETIREES, AGES 50 TO 65</b>
<ul style="list-style-type: none"> <li>• Can contribute \$50,000 to \$500,000 in premiums</li> <li>• Single – to 3-pay premium</li> </ul> <p><b>SELLING A BUSINESS, HOME, OR HAS CDs ABOUT TO MATURE</b></p>	<ul style="list-style-type: none"> <li>• Can contribute \$5,000 to \$50,000 in annual premiums</li> <li>• 5- to 15- pay premium</li> </ul> <p><b>RETIREMENT IN SIGHT, CASH FLOW TO FUND LONG-TERM CARE POLICY, NEEDS WEALTH PROTECTION</b></p>
List prospective client names here: _____ _____ _____	List prospective client names here: _____ _____ _____
<b>RETIREES - REPOSITION ASSETS OR DISPOSABLE INCOME</b>	<b>YOUNG PROFESSIONALS, AGES 40 TO 54</b>
<ul style="list-style-type: none"> <li>• Can contribute \$5,000 to \$50,000 in annual premiums</li> <li>• 3- to 10- pay premium</li> </ul> <p><b>CONCERNED ABOUT RISKS OF LTC, HAVE ASSETS OR INCOME AVAILABLE TO FUND A PLAN AND DEFER RISK</b></p>	<ul style="list-style-type: none"> <li>• Can contribute \$5,000 to \$50,000 in annual premiums</li> <li>• 5- to 15- pay premium</li> </ul> <p><b>CONCERNED ABOUT PARENT NEEDING LTC AND THE IMPACT IT MAY HAVE ON THEM, or WANT TO PROTECT THEMSELVES.</b></p>
List prospective client names here: _____ _____ _____	List prospective client names here: _____ _____ _____
What you need to know to customize a plan for your client: <b>1. How does your client want to fund the plan?</b> <b>2. Is the client married or single?</b>	

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