



**LONG-TERM CARE INSURANCE**  
**LIABILITY RELEASE**

I, \_\_\_\_\_, acknowledge that my Financial Services Representative, \_\_\_\_\_, has recommended that I purchase a Long-Term Care Insurance Policy. S/he has explained to me the importance of owning Long-Term Care Insurance.

I have elected not to purchase a Long-Term Care Policy.

I understand that if I decide to purchase Long-Term Care Insurance in the future the cost of insurance may be higher and underwriting requirements must be satisfied at the time an application is submitted.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date