

LIABILITY RELEASE

I, _____, (hereinafter, "The Client"), acknowledges that _____ (hereinafter, "The Agent") has advised me of the potential loss of income I would suffer in the event of physical or mental disability. The Agent has recommended that I purchase a Long Term Care Insurance in order to insure myself from this potential loss.

I have elected not to purchase a Long Term Care Policy at this time, and will self-insure this exposure even though my present and future income may be my most valuable asset.

I agree to contact the Agent if I decide to consider the purchase of a Long Term Care Insurance coverage in the future.

I understand fully all the consequences associated with not purchasing this policy at this time. These include, but are not limited to the loss of benefits that would be paid possibly (tax-free) from the Insurance Company, as well as the future underwriting requirements that must be satisfied at such time an application is submitted.

(Date)

(Client)

(Date)

(Agent)

(Date)

(Witness-When Required)