Prepare for the Inevitable While **Connecting to** the Next Generation

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MAU







50% of Americans with minor children do not have a last will and testament.

41% of baby boomers (age 55-64) don't have one.

- RocketLawyer Survey, April 2012

74% of adults have no healthcare proxy, living will, or advance directives

- The American Journal of Preventive Medicine, January 2014

The most engaged clients see their advisor as a "strong leader" who engages in "difficult conversations I need to have" and "helps me see the long term."

- Advisor Impact "Rules of Engagement: 2014" Client Engagement Survey pg. 7 – 8, 30

When asked what trend will have the greatest impact on this industry, the #1 answer is:

Holistic planning/Total life and wealth advice

- Morningstar magazine; Feb – March 2016 issue; pg. 36

One of the four most predictive factors on whether clients want to work with you for life:

Extensive planning and guidance for aging and retirement

- LIMRA – High Net Worth Investors. Advisor Relationships 2015

Agenda

1. Necessary documents and how to use

them to connect to the rest of the family

- 2. Resources and protocols
- 3. Action Steps

Descriptions of documents to get in place ahead of time – Make them part of intake and annual review

Minimum Recommended Updating

- Decade
- Divorce
- Death
- Diagnosis
- Decline

- American Bar Association Commission on Law and Aging

Living Will

82% say it is important to have their end-of-life wishes written down; Only 26% have done so.

The Conversation Project, 2013

MY WISH FOR:

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want

How Comfortable I Want to Be

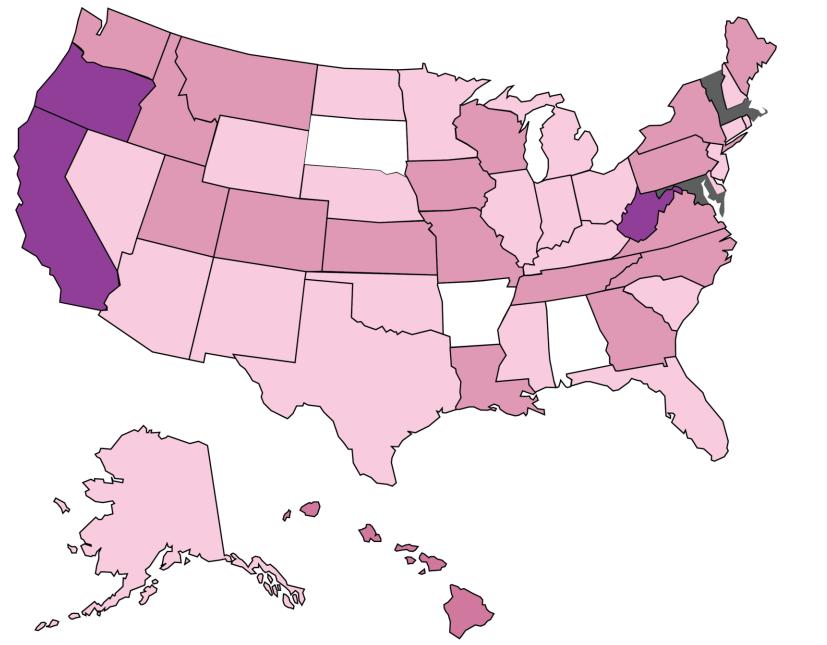
How I Want People to Treat Me

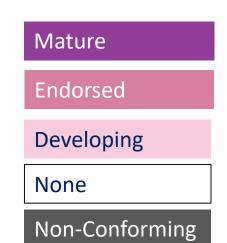
What I Want My Loved Ones to Know

www.agingwithdignity.org/five-wishes.php

ABEDICA	Physician Orders for Life	e-Sustaining	Treatment (POLST)			
ERGENC	First follow these orders, then contact physician. This is a Physician Order Sheet	Last Name				
CAL	FORMA based on the person's current medical condition and wishes. Any section not completed implies	First /Middle Name				
EMSA #	full treatment for that section. Evenuone shall be	Date of Birth	Date Form Prepared			
A	CARDIOPULMONARY RESUSCITATION (CPR): Person has i	no pulse and is not breathing.			
Check One	Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR (Allow Natural Death) (Section B: Full Treatment required)					
	When not in cardiopulmonary arrest, follow ord	ers in B and C .				
В	MEDICAL INTERVENTIONS:	Person has	pulse and/or is breathing.			
Check One	Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. <i>Transfer if comfort needs cannot be met in current location</i> .					
	Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.					
	Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location.					
	Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. <i>Transfer</i> to hospital if indicated. <i>Includes intensive care</i> .					
	Additional Orders:					
С	ARTIFICIALLY ADMINISTERED NUTRITION:	Offer food by	mouth if feasible and desired.			
Check	No artificial nutrition by tube.		tificial nutrition by tube.			
One	Long-term artificial nutrition by tube.					
	Additional Orders:					
	SIGNATURES AND SUMMARY OF MEDICAL C Discussed with:	ONDITION:				
D	Patient Health Care Decisionmaker Parent of M		ed Conservator Other:			
	Signature of Physician					
	My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.					
	Print Physician Name	Physician Phone Nun	nber Date			
	Physician Signature (required) Physician License #					
	Signature of Patient, Decisionmaker, Parent of I By signing this form, the legally recognized decisionmaker ack consistent with the known desires of, and with the best interes	nowledges that this requ	uest regarding resuscitative measures i			
	Signature (required) Name (prin		Relationship (write self if patient)			
	Summary of Medical Condition	Office Use	Only			

National POLST Paradigm Programs – www.polst.org





Power of Attorney for Healthcare – aka Healthcare Proxy

HIPAA Considerations

DURABLE POWER OF ATTORNEY FOR FINANCES AND OTHER PROPERTY

Background

The Durable Power of Attorney for Finances and Other Property is designed to make it possible for families to handle problems of disability, without resorting to the Probate Court. It provides the structure for financial and business decisions to be made by an agent during disability. This document is important to all persons, regardless of age, due to the authority that can be transferred under it, without Court intervention, during those periods in which a person becomes disabled, which are often unpredictable and unexpected.

Purpose

Historically, an individual has the right to control all aspects of his or her financial and business affairs. However, if an individual becomes disabled, his or her right to control the aspects of his or her business and financial affairs may be denied, unless that person has previously delegated this authority to another person. Typically, in the case of disability, a guardian is appointed, and that guardian makes decisions on behalf of the disabled person based on what the guardian believes to be in the best interest of the disabled person. However, the appointment of a guardian can be a cumbersome and expensive process, and does not assure the disabled person that his or her desires will be carried out.

The Power of Attorney for Finances and Property Act provides an alternative to the appointment of a Court ordered guardian. Essentially, through the Durable Power of Attorney, the disabled person (the Principal) can delegate his or her decision making power to a trusted agent (the Agent) and can make sure that the Agent's power to make financial and business decisions for the disabled person will be effective to the same extent as though made by the disabled person. The Durable Power of Attorney for Finances and Property not only avoids the need for a Court appointed guardian, but also allows the Principal, before he or she becomes disabled, to set forth specific instructions and preferences with respect to financial and business decisions to be acted upon after disability.

Choices

The basic form of the Durable Power of Attorney is set forth in the Act. However, the form is very flexible and provides for numerous alternatives and modifications that may be made to the basic form, in order to tailor it to the wishes and desires of the Principal executing the document.

Professional Fiduciaries

STRESTATE OF LE	Illinois Department o	of Public Health	(Pag	ge 1 of 2)
	UNIFORM DO-N	OT-RESUSCITATE (DNR) A	DVANCE DIRECTIVE	Ξ
10280 198				
Patient Directi	ve	have bud	nent the following in the eve	nt of
I,	(print full name)	_, born on, hereby di (birth date)	rect the following in the eve	ent or:
1. FULL CAR	RDIOPULMONARY	ARREST (When both breathing a	nd heartbeat stop):	
	•	ppulmonary Resuscitation (CPR) t comfort and dignity will be provided.)		
2. PRE-ARR	EST EMERGENCY	(When breathing is labored or stop	pped, and heart is still bea	ating):
SELE	CT ONE			
	o Attempt Cardiopuli	monary Resuscitation (CPR) -OR-		
		pulmonary Resuscitation (CPR) t comfort and dignity will be provided.)		
Other Inst	ructions			
I unders	tand and authorize the a	d Consent to DNR Order (Required to above Patient Directive, and consent to a	-	ment-
I unders ing this Patient [tand and authorize the a Directive.		-	nent-
I unders ing this Patient I Printed name of indi	tand and authorize the a Directive.	above Patient Directive, and consent to a	a physician DNR Order impler	nent-
I unders ing this Patient I Printed name of indi -OR- Printed name of (circo legal guardian OR agent under hea	tand and authorize the a Directive. vidual	above Patient Directive, and consent to a	a physician DNR Order impler	ment-
I unders ing this Patient I Printed name of indi -OR- Printed name of (circ egal guardian OR agent under hea OR healthcare surro Witness to Co	tand and authorize the a Directive. vidual le appropriate title): Ith care power of attorney gate decision maker Insent (Required to have	above Patient Directive, and consent to a Signature of individual Signature of legal representative two witnesses to be a valid DNR Order)	a physician DNR Order impler Date Date Date	nent-
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NHS Organ Donor Register donorcard

the etter my death

Answers to questions: www.organdonor.gov

State requirements & registries: https://organdonor.gov/register.html



Personal Property Memorandum

States where a personal property memorandum is legal part of will AL, AZ, AK CA, CO, DE, FL, HI ID, IN, IA, KS ME, MA, MI, MN, MO, MT NE, NV, NJ, NM, ND SC, SD, UT, VA WA, WI, WY



LIMRA: 62% are MORE CONFUSED after meeting with an advisor

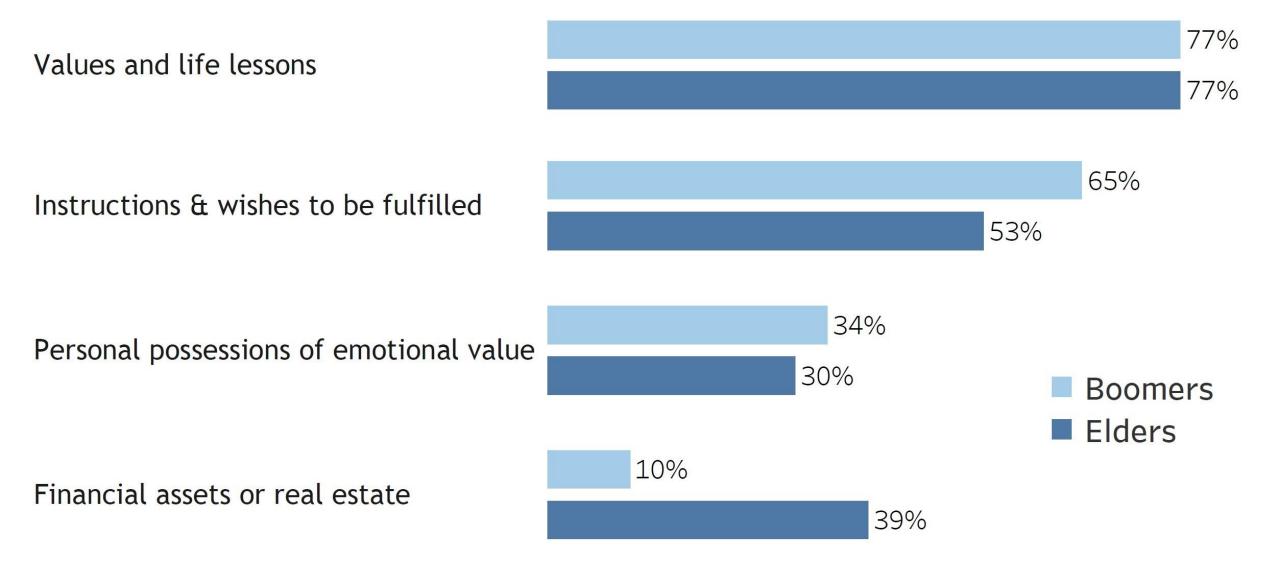
Include Long-Term Care, Disability, Annuities, Student Loan Coverage

Diminishing Capacity Letter

Standard Protocol for Cognitive Issues Educate ahead of time Watch for signs and document it Talk to the client first Involve others and compliance Transition to power of attorney as it becomes necessary

Ethical Will/Legacy Instruments

Survey question: Please indicate how important it is for you personally to receive/provide any of the following as an inheritance. (% very important)



Allianz American Legacies Study 2012 pg. 2 https://www2.allianzlife.com/content/secure/dynamic/ad_hoc/LegaciesOverview.pdf

for the my For my great grandson Carl f.

Dec, 1-1980

4.

As I now look at my great grandson's picture, Carl Willenborg, who is only a few months old, I visualize his future.

You are now in best of care by a good mother and father. Your carefree days will lead you to your school books, and a more serious life. After a few years have gone by, you will feel yourself standing along.

Scripture says it is not good for man to live alone, and a new problem is at hand. So look around, choose well, and a long, happy married life is ahead. But remember the serious agreement you have made; "For better or worse, for richer or poorer, in sickness and health, until death do us part".

When the Lord calls for one of you, a new problem will show up--you will be alone again, so my advise is "stick to your faith, and trust in the Lord".

Join breat Grandpa Ben BHillenborg 9dg-90



- Ethical Will Kit (*Baines*)
- Life Legacies www.life-legacies.com
- So That Your Values Live On: Ethical Wills and How to Prepare Them (*Reimer & Stampfer*)
- Like a Library Burning: Sharing and Saving a Lifetime of Stories (*Farnsworth & Hoyt*)
- Telling My Life Story: The caregiver's guide to conducting life review (*Hogan*)
- The Family Love Letter (Pagano & Scroggin)

- Ellen Goodman's **Conversation Project**: www.TheConversationProject.com - Starter Kit for initiating discussion on wishes; new Starter Kit for dementia situations

- Lasting Matters Organizer: printable or downloadable PDF; excellent organizer of documents. www.lastingmatters.com

- Gift of Grace: www.mygiftofgrace.com A card game to initiate and stimulate family discussions

- **Prepare**: www.PrepareForYourCare.org - Helpful questions, videos and explanations on completing advance directives



You as the Quarterback and Hub - build connection to next generation, build loyalty, be referrable

Digital Lock-Box Services

- Some RIA's and broker-dealers offer one
- EverPlans
- Principled Heart
- Final Road Map
- Best Bequest
- AfterSteps
- -DocuBank
- -SecureSafe

Extra Value-Add **Create branded resource lists** Support groups & counselors **Books and pamphlets** Memory care specialists/facilities Newsletters that aren't just financial tips on scams, dementia, health



Action Steps

- 1. Determine which documents you will incorporate
- 2. Make documents part of intake and of annual review for every client
- 3. Create branded pages of resources & information and gather helpful booklets and leaflets
- 4. Develop your standard office protocols
- 5. Make sure you and your family complete these!



amy@corgenius.com 847.882.3491 www.corgenius.com

Chicago two-day class on ALL transitions, keynotes and workshops, client education events, in-office training, more information.

On Amazon: "No Longer Awkward: Communicating with Clients through the Toughest Times of Life" and "Compassionate Communication: Desktop Reference for Times of Transition"

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