

## ANTICIPATING THE POTENTIAL FOR INCAPACITY

The question has come up in discussions with financial planning colleagues about what to do if a client should happen to show behavioral changes or other tendencies that appear out of keeping with previous patterns. The matter would have particular significance if it appeared that the perceived tendencies seemed to include a disregard for or recklessness towards maintaining financial integrity, but might also include more subtle changes such as not adequately caring for oneself, etc.

Such a situation would be extraordinarily difficult for us as your trusted financial advisor, since (a) there is little in the way of objective criteria for assessing the difference between rational decisions that may be out of the ordinary and those that indicate some deeper difficulties and, (b) it is not our field nor the nature of our training to make such assessments. Yet, because of the typically long-term associations we have with our clients, we may be uniquely qualified, in a non-technical way, to raise such questions.

Therefore, we have devised this form to prepare for an eventuality that, hopefully, will never occur. If you would like to provide us with your preferences in the unlikely (but possible) event that such a situation should arise, please indicate below what sort of response you would prefer.

Please initial as many items as seem appropriate:

\_\_\_\_\_ I would like to have the subject raised with me first.

\_\_\_\_\_ I would like for you to contact whomever I have named as my agent in my durable power \_\_\_\_\_ of attorney and proceed as they direct.

\_\_\_\_\_ I give permission to you to contact one or more of the people listed below and discuss the issue with him/her/them. If, after such a discussion, the concerns are not resolved, I recognize that you may find it necessary to unilaterally terminate our contractual financial planning/investment management relationship.

<u>Relationship</u>	<u>Name</u>	<u>Phone #</u>
_____ Family Member	_____	_____
_____ Family Member	_____	_____
_____ Religious Advisor	_____	_____
_____ Physician	_____	_____
_____ Attorney	_____	_____
_____ Accountant	_____	_____

\_\_\_\_\_ **Friend** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **I would want you or one of the people listed above to arrange for an evaluation by an appropriate specialist (elder care professional, etc.) at my expense. (Indicate whom you would be willing to have make such arrangements.)**

**Note: Your providing us with this document and our accepting it is in no way to be construed as a commitment on our part to act as your agent outside the normal financial planning/investment management role we have undertaken and agreed to prior to your completing and presenting us with this form. This is not to be considered a part of the services you have contracted with us to perform and you agree, by signing it, that you and your heirs or assigns will hold us harmless if we either act or fail to act on these stated preferences based on our own best judgment.**

**I have indicated my preferences above and agree to hold Abacus Planning Group, Inc. and its employees harmless as stated in the previous paragraph.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_