

Liability Release

I, _____, (the client), acknowledge that _____ (the agent) has advised me of the potential loss of income I would suffer in the event of a physical or mental disability. The agent has recommended that I purchase a disability income insurance policy in order to protect myself from this potential loss.

I have elected not to purchase a disability income policy at this time and will self-insure this exposure. I do not expect the agent to contact me in the future regarding the purchase of a disability income policy. I agree to contact the agent and/or another insurance professional if I decide to consider the purchase of disability income coverage in the future.

I understand all the consequences associated with not purchasing a policy at this time. These include but are not limited to, the loss of disability benefits that may have been paid (tax free) by the insurance company, as well as the future underwriting requirements that must be satisfied at such time an application is submitted.

Date

X _____
(Client)

Date

X _____
(Agent)