

a bQuest White Paper

The Longevity Imperative

Why Longevity Planning Is the Defining Growth Opportunity and the Defining Risk for RIAs

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Executive Summary

The RIA industry is standing at the intersection of three forces that will shape which firms deepen relationships and grow over the next two decades: a historic demographic shift toward an older population, a massive transfer of wealth within and across generations, and a widening gap between what financial plans assume about healthcare and long-term support costs and what families may actually face.

Longevity planning - the structured process of preparing clients for the financial, practical, and personal realities of living longer - sits at the center of all three. Advisors who build it into their process can become the trusted quarterback for the household across generations. Advisors without a defined process are exposed to client attrition when health needs escalate, relationship disruption after the death of a spouse or parent, and competitive displacement from firms that have already made longevity planning part of their value proposition.

This paper lays out the demographic and financial case for longevity planning and care coordination, explains why traditional financial plans break down precisely when clients need them most, and outlines a practical framework built around a five-pillar Longevity Readiness discovery process and a four-step advisor workflow that RIAs can adopt without becoming aging-care experts themselves.

The urgency is amplified by a central reality of longevity: lifespan and healthspan are not the same. World Health Organization data show U.S. life expectancy at 76.4 years and healthy life expectancy at 63.9 years in 2021 - a gap of roughly 12.5 years. At a population level, that gap underscores how long health, housing, caregiving, family decision-making, and financial needs can overlap, and why the financial plan must extend well beyond the point of retirement.

The Demographic Reality: A Nation Aging in Real Time

The aging of the U.S. population is underway. By 2030, all Baby Boomers will have crossed 65, and demographers project that more than one in five Americans will be at or past that age, up from roughly one in six today. The 65-and-older population is the fastest-growing age segment in the country, and the 80-and-older cohort, the group with the most acute care needs, is projected to grow even faster in the coming decade.

This is not simply a story about retirement. It is a story about health. In 2023, 78.4% of midlife adults ages 45-64 and 93.0% of adults age 65 and older reported at least one of 12 selected chronic conditions. More than half of midlife adults and nearly four in five older adults were managing multiple chronic conditions. Chronic conditions are not confined to late old age; for many clients, they are already part of the planning reality well before retirement.

What this means for advisory practices

- **For clients approaching and entering retirement, chronic conditions are likely to be part of the planning horizon, not an exception.**
- **The intersection of health and finances, once treated as a late-stage, crisis-driven conversation, is now a near-universal, early-and-often conversation.**
- **Firms that wait for a health event to raise the topic are, by definition, always reacting instead of planning.**

The question is no longer whether a client's health will intersect with their financial plan. It's whether the advisor is the one guiding that conversation, or watching it happen from the sidelines.

The Cost Blind Spot: Why Financial Plans Underestimate Healthcare

Even advisors who account for healthcare costs in retirement plans are, in many cases, working from numbers that are too low. Fidelity's 2026 Retiree Health Care Cost Estimate puts the lifetime healthcare cost for a single 65-year-old retiring today at roughly \$185,500. For two 65-year-olds retiring together, that is roughly \$371,000 in combined costs. The estimate assumes standard Medicare coverage, including premiums, cost-sharing, and prescription drug costs, and does not include most dental care or custodial long-term care.

The gap between expectation and reality is stark. A majority of pre-retirees believe, incorrectly, that Medicare will cover their health expenses in retirement. It won't. Medicare was built for acute medical care, not for the sustained, hands-on support, such as help bathing, dressing, managing medication, transportation and navigating a home that no longer fits changing needs. And the likelihood of needing that kind of care is high. Most people turning 65 today face a meaningful chance of needing some form of long-term care during their lifetime, at a cost that can run into the hundreds of thousands of dollars beyond a standard retirement projection.

For RIAs, this is a planning integrity problem as much as a client experience problem. A financial plan built on an underestimated healthcare number isn't just optimistic, it's structurally wrong, and it will be tested at precisely the moment a client and their family can least afford to discover the gap.

Where Plans Break: The Last Mile of Retirement

Financial plans are typically built to model markets, savings rates, withdrawal strategies, and tax sequencing with real precision. What they model far less well is the human reality of the later years of retirement, when a health diagnosis, a fall, a hospitalization, or the onset of cognitive decline can unwind years of careful planning in a matter of months. The roughly 12.5-year gap between U.S. life expectancy and healthy life expectancy helps explain why this is rarely a single event; for many families, it can become a prolonged period of changing health, mobility, cognition, housing, and support needs.

Care decisions made under stress and without preparation tend to be the most expensive ones, including the rushed move to assisted living, the home health aide hired without any vetting, the adult child who steps in as caregiver and quietly drains their own savings and career in the process. These are not edge cases. They are the predictable, recurring pattern of what happens when longevity and care coordination are absent from the financial plan until a crisis forces the issue.

This is also where family dynamics enter the picture most notably. Adult children stepping into decision-making, disagreements over care preferences, and the emotional weight of a parent or spouse's declining independence all tend to surface at once, often for the first time, during a health event. An advisor with no established process for this moment is sidelined exactly when their guidance would matter most, while an advisor with a structured longevity plan already in place becomes indispensable to the entire family.

The Growth Opportunity: Capturing the Great Wealth Transfer

Cerulli Associates now projects that \$124 trillion will transfer through 2048. Importantly, that wealth will not move only from one generation to the next. Cerulli estimates that \$54 trillion will first pass through inter-spousal transfers before eventually moving to heirs and charities, with nearly \$40 trillion of those spousal transfers projected to go to widowed women in the Baby Boomer and older generations. The wealth-transfer story therefore begins inside the household - often with a surviving spouse - before it becomes an intergenerational story.

The industry data on what happens after wealth transfers should concern every RIA. Cerulli has reported that more than 70% of heirs are likely to change financial advisors after inheriting their parents' wealth. Its more recent research also reinforces the importance of the surviving-spouse relationship. The relationships that determine whether a firm remains relevant after wealth moves are built before the transfer - through engagement with both spouses, family meetings, multigenerational communication, and being present throughout the client's aging journey.

Longevity planning creates a natural reason for those relationships to form. Care and support decisions frequently involve the current client, a spouse, adult children, and other decision-makers at the same time. When the advisor has helped the family plan before a crisis, the spouse and next generation already know the advisor and have experienced their value long before assets change hands.

The strategic implication is not simply to capture a future inheritance. It is to remain relevant as wealth and responsibility move across the family. Building longevity planning into the core financial planning process gives firms a reason to engage both spouses and the next generation while the current client is still at the center of the relationship.

The Risk of Inaction: Clients Will Find an Advisor Who Does This

The flip side of the growth opportunity is a direct competitive risk. As longevity planning becomes a differentiated capability among RIAs, clients and families will increasingly ask what support their advisor can provide when real-life events occur - a diagnosis, a hospitalization, the death of a spouse, or a parent moving in with adult children. These are the moments that prompt the question, "Does our advisor actually help with this?" A firm without a clear answer risks losing not only the client relationship, but also the broader family and referral network around it.

This risk compounds with the chronic-condition data above. Chronic conditions are already common across the pre-retiree population and are present in 93% of adults age 65 and older. The population exposed to this risk is not a small subset of an advisor's book; it spans much of the pre-retiree and retiree client base. Firms that treat longevity and care coordination as a niche offering for a handful of elderly clients are underestimating both the size of the need and the urgency of building the capability now, before a crisis forces the issue.

The compounding risk

- **Underestimated healthcare costs erode confidence in the plan exactly when a client is most vulnerable.**
- **Unmanaged care crises consume the advisor relationship's goodwill and shift trust toward whoever does step in, such as a hospital social worker, a sibling, or a competing advisor.**
- **Disengaged heirs feel no loyalty to a firm they never met, and move assets accordingly.**
- **Firms without a defined process rely on individual advisors improvising in the moment, which results in inconsistent, unscalable, and hard-to-market service experiences.**

The Answer: A Structured Longevity Planning Framework

Solving this problem does not require RIAs to become aging-care experts. It requires a repeatable, advisor-led process introduced proactively, backed by a purpose-built discovery process, and supported by a trusted partner for the specialized work advisors are not equipped or licensed to do themselves. The advisor's role is to remain the relationship owner: understand the client's role and readiness, identify where planning is incomplete or urgent, connect those needs back to the financial plan, and bring in the right resources when action is required. bQuest's Longevity Readiness Framework is built specifically around that role.

The Five Pillars of Longevity Readiness

At the center of the framework is bQuest's proprietary Longevity Readiness discovery process. It first profiles who the client is planning for and the role they are playing - caregiver, planner, or care recipient - then evaluates relative preparedness and urgency across five interconnected pillars. The goal is not a generic checklist. It is to surface the issues that matter most for that household and give the advisor a clear path to address them within the financial planning relationship.

The Five Pillars

1

PILLAR 1 | HEALTH

Am I prepared for how my health may change, and what that would mean for me and the people close to me?

2

PILLAR 2 | HOME & COMMUNITY

Will my home and community continue to support the life I want as I grow older?

3

PILLAR 3 | FAMILY & SUPPORT

Do I have the people and support I need, and do they know my wishes?

4

PILLAR 4 | LEGAL & LEGACY

Are my wishes, affairs, and legacy organized for the future?

5

PILLAR 5 | FINANCIAL

Can my financial resources support the life I want as I grow older?

The Four-Step Advisor Workflow

The framework translates into a simple, four-step process designed to fit the firm's existing financial planning process, meeting cadence, and advisor workflow - no separate specialty practice or standalone client meeting required:

1

Introduce

Position longevity planning as a natural extension of holistic financial planning and incorporate it into the existing review-meeting agenda.

2

Discover

Invite the client into the Longevity Readiness discovery process to clarify who they are planning for, their role as caregiver, planner, or care recipient, their preparedness across the five pillars, and the urgency of any emerging needs.

3

Plan / Review

Bring the client's Longevity Readiness Profile into the financial planning conversation. Focus on the highest-priority gaps, understand the financial implications, and determine what belongs with the advisor versus bQuest or another specialist.

4

Activate

Empower clients through bQuest's educational resources, Care Platform, vetted provider network, and Care Concierge so the plan moves from insight to action.

In practice, the client experience is designed to be brief and structured. With the client's permission, relevant insights are shared with the advisor so they can review the readiness profile, priorities, and urgency alongside the financial plan - within the same meetings and workflow the firm already uses.

From there, bQuest provides the operational backbone that most firms would otherwise struggle to build internally: a vetted, national network of aging-care and longevity service providers; an AI-powered matching tool that helps clients and families describe their situation in their own words and get pointed toward relevant, vetted resources; a Care Concierge team for hands-on coordination when a situation becomes complex or overwhelming; and an educational Resource Hub of articles, podcasts, and webinars advisors can confidently share with clients and their families.

The result is a model in which the advisor remains the central point of contact and the trusted relationship owner for the client's most complex long-term decisions, while bQuest absorbs the specialized, time-intensive work of care coordination that sits outside an advisor's expertise and capacity.

Conclusion: The New Center of the Financial Planning Relationship

Longevity is not a future issue waiting at the edge of retirement. It is already reshaping the planning needs, family dynamics, and asset flows inside today's client base. The financial exposure from underestimated healthcare and care costs, the relationship exposure created by unmanaged crises, and the growth exposure created when spouses and heirs are not meaningfully engaged all point to the same gap: traditional planning often becomes less useful when a client's life becomes more complicated.

Longevity planning closes that gap. It gives advisors a repeatable way to understand the role a client is playing, surface what is unprepared or urgent, connect those findings to the financial plan, and activate specialized support - without asking the advisor to become a care expert. The opportunity is to make this part of how financial planning already happens, before a fall, diagnosis, hospitalization, caregiving breakdown, or death forces the conversation.

Firms that operationalize longevity planning now can strengthen plan integrity, deepen relationships with both spouses, engage the next generation before wealth moves, and remain the family's trusted point of coordination through the transitions that matter most.

The time to build that capability is before the crisis, before the transfer, and before the family needs to decide who their first call will be.



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Data Citations

U.S. Census Bureau, Demographic Turning Points for the United States (2020); CDC, Preventing Chronic Disease, Trends in Multiple Chronic Conditions Among U.S. Adults, 2013-2023 (2025); World Health Organization Global Health Observatory, U.S. life expectancy and healthy life expectancy (2021 data); Fidelity Investments, 2026 Retiree Health Care Cost Estimate; Cerulli Associates, U.S. High-Net-Worth and Ultra-High-Net-Worth Markets 2024: The Great Wealth Transfer: Capturing Money in Motion and related 2025 spousal-transfer research; Cerulli Edge - U.S. Advisor Edition (2021) on heir advisor retention; bQuest Longevity Readiness Framework.