

Indiana MoneyWise



2019's Most Ultimate Home Improvements

The Podcast Explosion

Dispelling 16 Myths about Memory Problems, Dementia, & Caregiving



**+ ROBO
ADVISERS**
*Protect and Inform
Yourself*

Dear Hoosiers:

Thank you for reading the Indiana Secretary of State's e-magazine. The purpose of this publication is to provide Hoosiers with timely tips and information on smart money management and investment fraud prevention.



Spring came in and went out like a lion! We're glad to move on to summer. In this edition of the e-magazine we highlight this year's most profitable home improvements, revealing how to get the most out of your investment when it comes to remodeling and DIY projects. Also, you'll find that we partnered with the Indiana Alzheimer's Disease Center to debunk 16 myths about memory problems. In our industry of investment fraud we've uncovered that cognitive decline is a big factor for scam victims. The internet allows many mistruths to spread regarding Dementia and caregiving. Check out our article, from the experts, to be clear on what's fact or fiction when it comes to brain health.

In addition, this e-magazine features audio's most compelling format, Podcasts. Over 24% of Americans are listening and we'll tell you who, what and why this explosion of sound has occurred. And of course we included an alert on robo-advisors. Easy-to-use smartphone apps and online portals make setting up an account with a robo-adviser convenient and quick, which is contributing to their increasing popularity. It's my hope that you find the information and tips in this Indiana MoneyWise e-magazine beneficial and helpful to leading a financially sound summer.

Sincerely,

A handwritten signature in black ink that reads "Connie Lawson". The signature is written in a cursive, flowing style.

Connie Lawson
Indiana Secretary of State

What services make up the Secretary of State's office?



Secretary Lawson sharing lunch with the young ladies and mothers of Girls Inc.

There are four main divisions that comprise the Secretary of State's office:

Business Services
Securities

Elections
Auto Dealer Services

The Office of Secretary of State is one of five constitutional offices originally designated in Indiana's State Constitution of 1816. Sixty-one Hoosiers have served as the third highest-ranking official in state government.

Duties of the office include registering new businesses, regulation of the securities industry, oversight of state elections, commissioning of notaries public, registration of trademarks and licensing of vehicle dealerships throughout Indiana.

ROBO-ADVISERS

QUESTIONS TO CONSIDER



Will the robo-adviser build a portfolio based on my financial goals and risk tolerance?



Am I comfortable and familiar with the investment products the robo-adviser offers?



Do I like discussing ideas or asking questions when seeking financial advice?



Do I want to buy and sell investment products when the stock markets move up or down?



Am I comfortable and familiar with the robo-adviser's fee structure and compensation model?



Is the firm registered?

Use FINRA's BrokerCheck, which you can find on the Indiana Securities Portal.



Disciplinary action?

Has the firm had any past issues, problems, or decisions against them from securities regulators?



Check out the firm's Leadership

Are you comfortable with its business or investment strategy?



Read online reviews and news

See what users and the media are saying about the firm and its services.

ROBO-ADVISERS

WHAT

Automated online platform

Provides investment advice based on algorithms.

Discretionary portfolio management

Makes investment decisions without needing your consent for every trade.

Must be registered

Subject to securities laws and regulations

HOW

- 1** You answer questions about your financial situation and goal.
- 2** The platform reviews your answers.
- 3** Your portfolio is managed based on your answers.



Shop Around

Research different offerings and fee structures.



Ask First

How easy is it to update your information when your situation or goals change?



Human Interaction

How involved is a human adviser in assisting you with your account?



Results May Vary

Algorithms vary. Platforms may make different recommendations.

LEARN MORE
NASAA Informed Investor Bulletin:
ROBO-ADVISERS

2019's Most Profitable Home Improvements

Summer is a popular time for home improvements. The kids are out of school, permitting a few extra hands for projects or just a more flexible schedule. Perhaps you have no intentions of selling your home, but you're still interested in updating the look. These ideas will give you the best ROI (return on investment), whether you plan to do it yourself or hire a contractor.



1. Paint

This can be a relatively inexpensive way to give your walls a facelift and a new blank canvas. Almost 40% of those trying to sell their house give it a fresh coat first. For professional painting the national average price is \$6,900 for a 2,300 sq. ft. home with two coats of paint (including painted trim and ceilings), that's according to Fixr.com. If you're handy with a paintbrush, buy a 5 gallon pail of paint. This will save money when compared to the price of paint by the single gallon. If you're not excited about painting your walls yourself, consider washing the walls and decluttering. This will change your perspective of the space and would most likely need to be done prior to the paint project anyway.



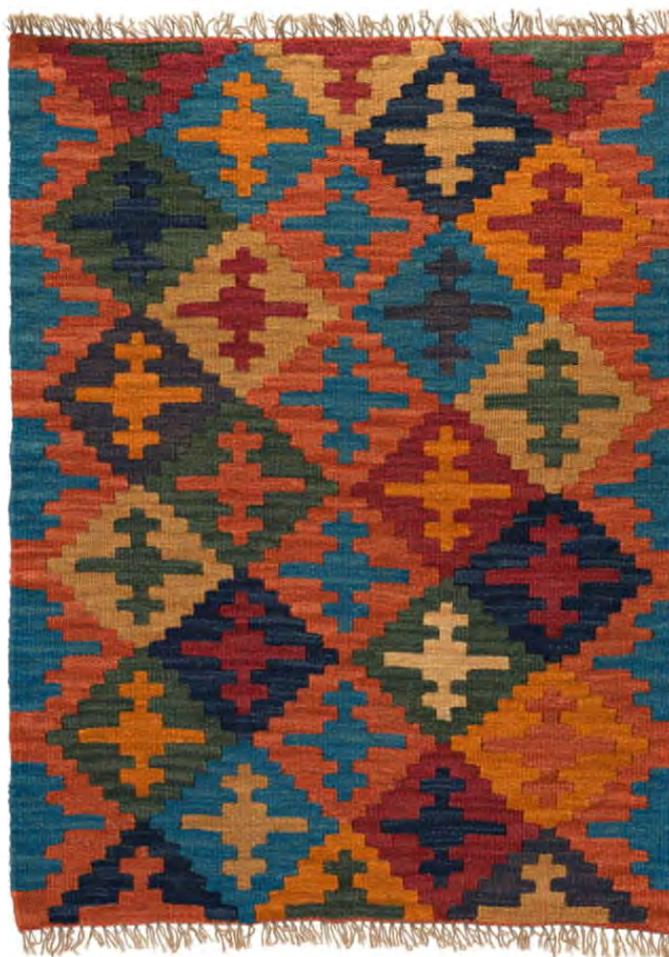
2. Landscape

The first impression of your home is the outside. Whether you invite friends over or it's just people driving by, the outside is the first thing anyone observes. It's the first thing YOU see, too. After a long day at the office, in traffic or wherever you go, coming home to a nicely groomed yard and fresh blooms can make your home feel more finished and inviting. Professional yard maintenance and landscaping costs vary, but rolling up your sleeves and doing it yourself can be quite cheap. Your local hardware or home improvement store should have your most needed supplies and lots of choices for grass seed, flower bulbs and pots, hanging baskets and shovels. Many of these tools can be picked up at a garage sale or borrowed to save some cash. When it comes to adding color, annual plants and flowers seem to be the most vivid, but these have a one year life cycle and won't come back the year after, unlike perennials. A combination of annual and perennial plants can ease your work year after year and noting the bloom times will provide color all summer and into fall.

3. Flooring

According to Zillow, 26% of homeowners are making the improvement of replacing carpet or repairing other types of flooring. According to Lori Matke of homestagingexpert.com, wood floors and faux wood floors are more preferable than carpeting. For professional flooring you should expect to pay \$10 - \$12 per sq. ft. for faux wood and up to \$30 for real wood flooring. For average quality carpeting and installation it will cost about \$8 - \$12 per sq. ft..

This may not be an easy DIY project, however, there are a few ways to make this project more economical. Looking for discontinued or discounted styles of flooring is a great idea. Neutral colors won't be as noticeable if it's last year's product. If replacing the flooring is just too expensive, a solid carpet cleaning or a nice throw rug can add new charm.



4. Bathrooms

An older looking bathroom can give away the house's age. Some great investment worthy updates include countertops, tiling, frameless glass doors, and new faucet fixtures. If you choose to update the cabinets, neutral designs without edges or raised panels are best for a timeless look. Select natural stone rather than quartz to save money when replacing countertops. According to Zillow, the average bathroom remodel costs \$3,000 - \$12,000. If a bathroom refresh is not on your list of investments, consider scrubbing and cleaning. Anything dated looks better when it's sparkling clean, specifically tile grout lines. Other ideas include painting the cabinets and reglazing the tub, which is cheaper than installing a new tub.





5. Lighting

Lighting can be a simple update while yielding a big impact on appearance. When shopping for new lighting, whether it be pendants or chandeliers, be sure to match the metal finish with other existing home appliances. Copper and bronze have the same metal tone but silver and gold do not, and wouldn't mesh well together. Also note that brass is a finish from the 80's and 90's which can make a house look dated. A lot of money can be spent on dining area lights and fancy styles, but you can save money by purchasing from a cheaper source like Ikea, Lowes, Home Depot, and Target.

What's the return on your investment?

Every house and neighborhood is different so there is no equation to provide a direct answer to this. Although, according to Zillow, every \$1 put into a home update should return a \$1.50 increase in value to the home. Sometimes the rate can be higher, for example a bathroom remodel should yield a \$1.71 for every \$1 spent. Putting some time and money into your property investment can translate into a serious payout. Even if you have no interest in selling, it's a nice benefit to increase the value of your assets while enjoying your home.

THE PODCAST EXPLOSION

A LOOK INTO THE WHO, WHAT, AND WHY OF AUDIO'S MOST COMPELLING FORMAT

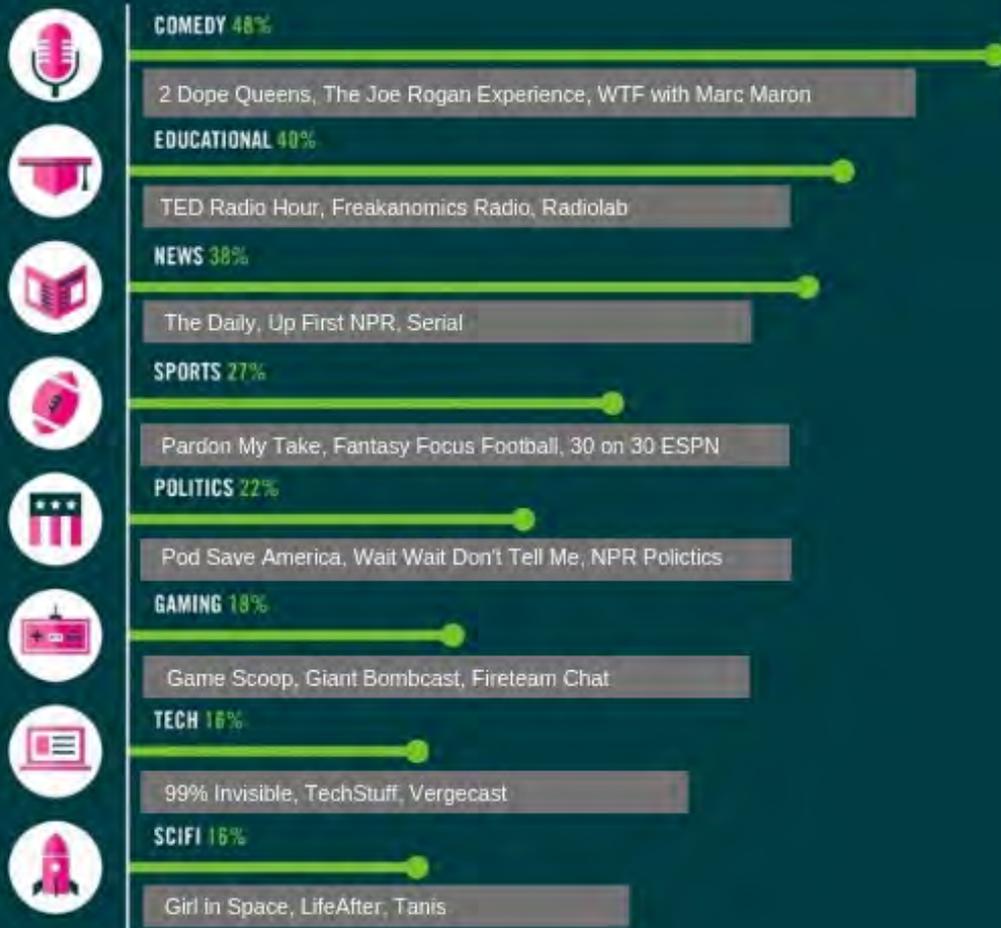
Want to catch the day's headlines? Immerse yourself in a murder mystery? Nerd out on the neuroscience of happiness?

All on your commute?

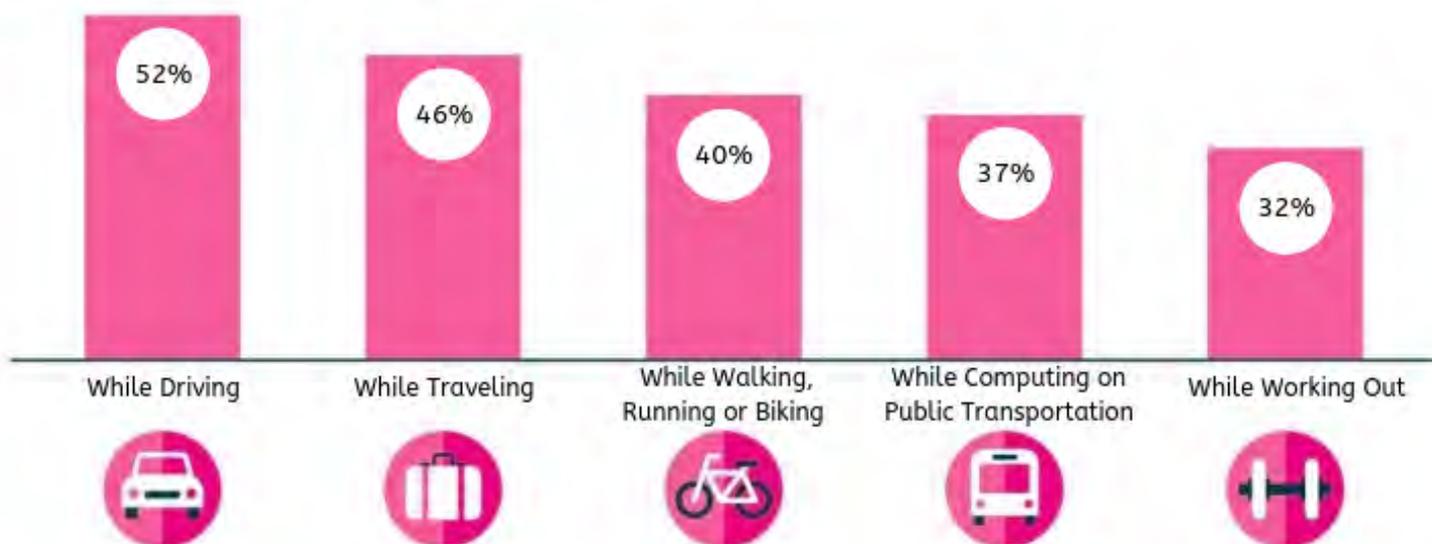
Whatever your curiosity, there's a podcast for it. And with the podcasting boom, audio has maintained solid footing in the world of content - telling great stories and growing a loyal audience along the way.



CHART-TOPPING PODCAST GENRES¹ AND TITLES²

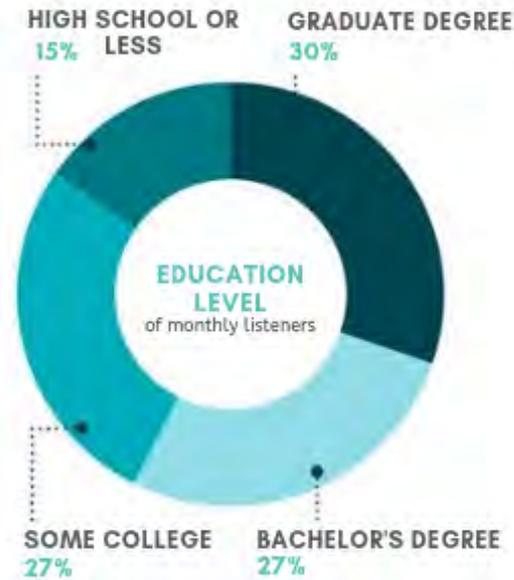
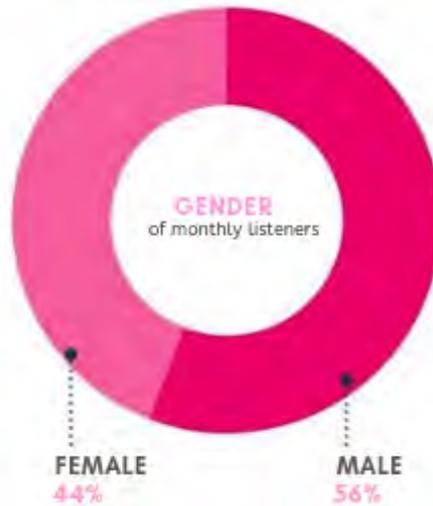


WHERE DO PEOPLE LISTEN?³



WHO'S LISTENING

A whopping 68 million Americans, nearly 1 in 4, tune in monthly. These regular listeners tend to be educated, Millennial, and male - and the genre is growing fast.



A GROWING ACTIVE LISTENERSHIP* (defined as listening on a monthly basis)

PERCENTAGE OF U.S. POPULATION



65% of active listeners only started listening in the last 3 years.



WHY WE LISTEN

Journalists have linked this podcasting boom to the ubiquity of smartphones, time spent in transit, and online music services. Others attribute it to the brain-stimulating and addictive effects of audio learning, or the multitasking potential of listening. The beauty is in the overlap.

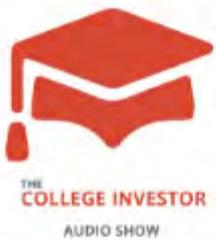


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you are 
 What you listen to

One mission of Indiana MoneyWise is to educate Hoosiers about investment fraud and financial literacy of all ages. Financial literacy is the basic understanding of personal finance concepts like credit card smarts, budgeting, retirement planning and more. The best way to prevent Hoosiers from becoming victims of fraud is to educate. What better way to educate than through podcasts. Here are some of the top personal finance, money, and investing podcasts of 2019 (in no particular order).



THE COLLEGE INVESTOR

- 10 minute episodes
- Millennial money topics
- Student loan debt, side hustles, & investing



SO MONEY

- New episodes 3x/week
- Investing, entrepreneurship, and more
- Features a new guest on almost every episode



THE STACKING BENJAMINS SHOW

- Brought to you by Joe-Saul-Sehy
- Podcast formerly known as Two Guys & Your Money podcast
- Named Best Business Podcast of 2017



AFFORD ANYTHING

- Real estate, investing, personal finance, building wealth
- Weekly releases
- Paula Pant started with a blog with in depth articles, she would rather have super in-depth and valuable content versus a strict publishing schedule.



BIGGER POCKETS

- #1 podcast for real estate investing, if you've thought of investing, whether that be through amassing rental properties or flipping houses this is the show for you.
- Hosts Josh Dorkin and Brandon Turner both have very fun personalities.



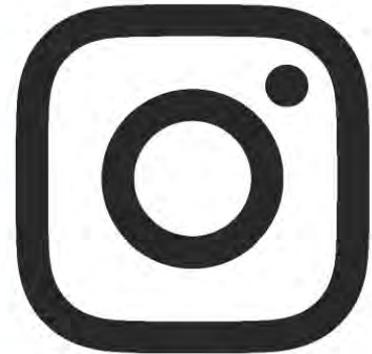
NPR PLANET MONEY

- New episodes 2x/week
- Focuses on money & economic topics, and topics are timely with what is going on in the national news media.
- Highly produced, with high quality guests. Exactly what you would expect from an NPR production.



Socialize with us!

#IndianaSOS



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Twitter: @secretarylawsom

Instagram: @secretary_lawson

Dispelling 16 Myths about Memory Problems, Dementia and Caregiving

By: Daniel R. Bateman, MD; Sophia Wang, MD; and Mary G. Austrom, PhD

America is getting older. The number of American's age 65 and older is expected to grow from the current 55 million in 2019 to 88 million in 2050. And as our society ages, more attention is rightfully being paid to the importance of brain health. What is normal cognitive aging? What are the risks for Alzheimer's disease? What things can a person do to improve their brain health? There are a number of myths and other incorrect information shared online and in other information sources. Together, as members of the National Institute on Aging funded, Indiana Alzheimer Disease Center, Outreach and Recruitment Core, we want to help dispel these 15 myths.

Normal Brain and Cognitive Aging

Myth 1: As people get older, their brain cells die more frequently.

Reality: In older adults without dementia or other brain disorders (such as stroke or Parkinson's disease), the number of brain cells ("neurons") remain fairly stable. However, the functioning of these brain cells may decline with age and can vary from person to person. Generally speaking brain atrophy "shrinkage of certain areas of the brain" is abnormal, and may represent evidence of a brain disease and increased brain cell death.

Myth 2: All older adults have memory problems.

Reality: Actually, some cognitive functions, such as wisdom and expertise, improve with aging. Occasional difficulty with remembering names, slower response time and subtle decline in organization and planning abilities "executive function", can be normal. Memory problems and other cognitive problems more severe than this or those significant enough to cause difficulties in function are not normal. Alzheimer's disease and other dementias are not a normal part of aging. They are diseases just like high blood pressure, diabetes, arthritis, or heart disease.



Alzheimer's disease and Related Dementias

Myth 3: There is nothing I can do to improve my brain health or prevent me from getting Alzheimer's disease. It is all genetic.

Reality: Genetics are only a small component of Alzheimer's disease risk. Scientific studies have shown there are many actions you can take to keep your brain healthy and/or slow down cognitive decline: 1) participate in cardiovascular exercise 4 to 5 times per week; 2) Stop smoking; 3) Control your blood pressure and diabetes; 4) Avoid or limit medications that can negatively affect brain function including opiates, anticholinergics (e.g. diphenhydramine), and benzodiazepines (i.e. alprazolam); 5) Talk to your doctor about non-pharmacologic approaches to pain and sleep management including physical therapy or psychotherapy; 6) Get adequate sleep nightly and when appropriate get assessed for sleep disorders, such as obstructive sleep apnea; 6) "Use it or lose it!" Take a class or learn a new skill to keep challenging your brain; 7) Stay socially active with others; and 8) Follow a Mediterranean and low salt diet.

To learn more about normal cognitive changes that occur with aging and what you can do about it, click on Action Plan for Individuals and Families at <http://nationalacademies.org/HMD/Reports/2015/Cognitive-Aging.aspx>

Myth 4: Alzheimer's disease is the same as dementia.

Reality: Dementia is an umbrella term for decline in cognitive abilities and function as a result of a brain disease. Alzheimer's disease is the most common type of dementia. However, the latest research shows that many people have mixed dementia, i.e. more than one cause of dementia. Often this is a combination of cerebrovascular causes and Alzheimer's disease. Other types of dementia include vascular dementia, dementia with lewy bodies, parkinson's disease dementia, and frontotemporal dementia. People who are 90 and over may have a different type of dementia than those who develop dementia in their 60's-80's, To learn more about Alzheimer's disease and other dementias, check out the Alzheimer's Association website www.alz.org/



Myth 5: Only old people develop Alzheimer's disease or dementia.

Reality: Dementia can affect people who are in their 40's-50's, and very rarely, even in their 30's. If people start to have symptoms when they are younger than 65, this is considered early onset dementia. Early onset dementia affects about 200,000 people. While some of these people have a family history of early onset dementia, many do not. Early onset Alzheimer's is the most common early onset dementia, followed by frontotemporal dementia.

To learn more, check out the early onset Alzheimer's Association website at: <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/younger-early-onset>.

Myth 6: Alzheimer's disease and other dementias only affect memory.

Reality: Although Alzheimer's disease predominantly affects short-term memory, it also often affects other areas of cognition including visuospatial abilities (e.g ability to estimate differences), language abilities (e.g. trouble with speaking), and executive function (e.g. planning, organizing, ability to manage impulses, self-checking).

Additionally, between 80 and 97% of patients with dementia experience some form of psychiatric symptoms during the course of their illness. Depression and apathy (lack of motivation, and inertia) are among the most frequent of these symptoms. Other psychiatric symptoms such as hallucinations, false beliefs, aggression, and wandering can also arise as the disease progresses. These psychiatric symptoms often cause significant caregiver distress. Contact the Alzheimer's Association at www.alz.org/ or 1.800.272.3900 to learn more about managing these behavioral symptoms, or to join a caregiver support group.

Frontotemporal dementia can often present as new behavioral changes or psychiatric symptoms starting in a persons' 40's - 70's. This type of presentation can lead to a misdiagnosis of psychiatric disorders before the proper diagnosis of frontotemporal dementia is made. To learn more about frontotemporal dementia, check out the website for The Association for Frontotemporal Dementia at <https://www.theaftd.org/>.

Impact on Family Caregivers

Myth 7: Most people with Alzheimer's disease live in nursing homes.

Reality: In the United States the vast majority (70%) of persons' with Alzheimer's disease live in the community setting. Predictors of nursing home use include caregiver burnout and depression, caregiver age, higher number of medical conditions (e.g. diabetes), greater impairments in function and greater overall dementia severity.

Myth 8: Most caregivers are able to take care of the person with dementia alone.

Reality: People with Alzheimer's disease and other dementias usually rely on multiple unpaid family members, with 30% of older adults with dementia having 3 or more unpaid caregivers. Actually, spreading caregiving responsibilities among other family members and friends, can reduce caregiver burnout and prevent early nursing home placement. Hiring professional caregivers to assist with care, gives family caregivers more time off and can extend the person with dementia's ability to stay at home.

Myth 9: Most caregivers take good care of their own health

Reality: Caregivers of persons with dementia have higher rates of depression, substance abuse, hypertension, stroke, cognitive impairment and trouble fighting infections as compared with dementia over their own health, routinely postponing necessary healthcare, exercise, balanced eating, and enjoyable activities. Studies show that Self-care is an important aspect of caregiving. We like to share the analogy that caregiving is like when there is a pressure drop on an airplane and oxygen masks come down. You need to put your own oxygen mask on before you can help the person next to you. In other words, one has to take care of themselves in order to take care of others. This is easier said than done.

Myth 10: The primary caregiver's and the person with dementia's relationship stays the same during the disease process.

Reality: Unfortunately, this relationship becomes more unequal as the illness progresses. In the early stages of the illness, the person with dementia may still be able to make decisions independently. However, there comes a point in the illness where the person with dementia is no longer able to make decisions on their own, and may require others to make decisions on their behalf, even if the decision is one that the person with dementia disagrees with the decision (e.g. giving up driving). Similarly, with illness progression the person with dementia is less likely able to be there emotionally for their family members and becomes less able to control their behaviors. This imbalance in relationship can be isolating for the caregiver and in cases of partner or spousal caregivers can negatively impact a caregiver's desire for intimacy with the partner suffering from dementia.

Myth 11: Transition in living environment from home to a nursing home or other long term care facility is a personal failure for the caregiver.

Reality: It is not uncommon for caregivers to feel this way, but this is not true. Caregiving is not something that can be done alone. It takes a team to care for a person with dementia. As the dementia progresses, caregiving needs can be more than the family caregivers can provide in the home setting (e.g. physical assistance, management of incontinence). Transition to an assisted living, memory care unit or nursing home, can provide the person with dementia more scheduled enjoyable activities. The new environment and change in duties for the primary caregiver can lead to a renewed ability to enjoy their time with the person with dementia.

Myth 12: There is nothing that can be done to reduce caregiver burnout

Reality: Caregiver burn out is a combination of physical and psychological exhaustion related to providing care. Roughly 60% of dementia caregivers report their emotional stress related to caregiving as high or very high, and 40% report their physical stress to be high or very high. There are a lot of different actions that can prevent and reduce caregiver burnout. These include making sure the person with dementia receives treatment for their psychiatric and behavioral symptoms, attending caregiver support groups, increasing knowledge about dementia, time off from caregiving (at least 8 consecutive hours per week, and respite), use of adult day programs, exercising regularly, and receiving treatment for psychological distress.

For tips on caregiving please visit the NIH Website on Alzheimer's disease Caregiving at: <https://www.nia.nih.gov/health/alzheimers/caregiving>

Challenges for the Person with Dementia

Myth 13: Most people with dementia stop driving on their own.

The majority of patients with dementia stop driving as the result of a motor vehicle accident, getting lost or being forced to give up driving by family members or a healthcare provider. Sometimes people with mild dementia can safely drive, but the only way to be sure of this is to have the person take an occupational therapy driving assessment. All patients will have to retire from driving at some point in their illness. Medical societies and scientific research uniformly agree that people with dementia should stop driving once they are in the moderate stage of the illness.

Myth 14: Alzheimer's disease cannot be treated.

Reality: There is no current cure for Alzheimer's disease, meaning there are no medications that modify the underlying disease process. Treatment is different than cure though. There are treatments both medication and non-medication treatments that can help improve cognition, function and psychiatric and behavioral symptoms. The effects of these treatments are usually small in nature, but for some individuals can make a significant improvement in symptoms and quality of life.

Myth 15: Antipsychotic medications should never be used to treat behavioral symptoms of dementia.

Reality: Antipsychotic medications are specific types of psychiatric medications that treat hallucinations, delusions (false beliefs), aggression and agitation. Antipsychotic medications are high risk, but can be helpful and necessary at times to treat severe behavioral and psychiatric symptoms, when other non-medication and other medication treatments have been tried without success. There is an FDA black box warning for increased mortality associated with antipsychotic use in persons with dementia. There are also increased risks for infections (e.g. aspiration pneumonias), strokes, falls, and worsened cognitive impairment. However, these medications can sometimes improve a person's quality of life and prevent injury to the person with dementia or prevent the individual from harming others.

The legal authorized decision maker for the patient should be informed of the risks and benefits of these medications and should weigh these risks and benefits together with the prescribing healthcare provider before starting one of these medications.

Myth 16: Planning for end-of-life care is not necessary until the severe stages of illness.

Reality: Deciding on end-of-life preferences early on in the disease process can make life easier in the future. My having the conversation about end-of-life treatment early in the disease process, the person with dementia is able to give more input on their preferences, this prevents having to guess what their wishes might be later on.

Some examples of these types of decisions are whether or not to have the person receive CPR if their heart stops or a breathing tube if their breathing stops. Would the person want to receive antibiotic treatment for an infection or be admitted to the hospital when their dementia is in the severe stage? Or would they want a feeding tube to sustain nutrition? There are usually not right or wrong answers to these questions, rather they are value and preference based questions.

When a person with dementia is in the severe stage of illness, a healthcare professional with the input of the person's legally authorized representative can complete a Physician Orders for Life Sustaining Treatment (POLST). The POLST form when completed and signed, is an active order set for the patient in regards to preferences for resuscitation, antibiotics, intravenous hydration, and artificial nutrition. The orders are kept with the patient in the case that there is a medical emergency.

For more information about the Indiana POLST form visit the Indiana State Website at: https://www.in.gov/dhs/files/Indiana_EMS_POST_Educational_Packet.pdf

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Daniel Bateman, MD is a geriatric psychiatrist and assistant professor of psychiatry at Indiana University. He is also a clinical research scientist at the Regenstrief Institute's Indiana University Center for Aging Research and a Co-Investigator and associate leader of the Indiana Alzheimer Disease Center, Outreach and Recruitment Core. Dr. Bateman's research focuses on the neuropsychiatric manifestations of Alzheimer's disease and using technology to support Alzheimer's caregivers.

IN-CASE

Indiana Council Against Senior Exploitation

EDUCATE | ENCOURAGE | EMPOWER



Every year, older Americans lose an estimated \$36.5 billion dollars to financial exploitation, abuse, and scams, which is destroying the security of older adults and their families. By the year 2030, 1 out of every 5 Hoosiers will be age 65 or older. This creates a growing marketplace for those who may be looking to take advantage of vulnerable adults. That's why Indiana Secretary of State Connie Lawson has partnered with other experts in fraud prevention to form the Indiana Council Against Senior Exploitation, or IN-CASE.



IN-CASE is a new statewide collaboration between dozens of organizations and individuals who are dedicated to the goal of preventing and ending all forms of senior exploitation and abuse. Our members include government agencies, law enforcement, not-for-profits, medical providers, and legal providers.

At IN-CASE, it's our mission to empower Indiana communities to prevent and end senior exploitation and abuse. All IN-CASE members agree to a "no closed door" approach - meaning if any one of us is approached with questions related to the abuse or exploitation of an elder, we are equipped to refer that person to the proper resource.

Secretary Lawson invites you to explore the IN-CASE website. There you will find educational resources, information about the types of abuse and exploitation, risk factors and red flags of abuse, national statistics and data, contact information for individuals and organizations who can provide help as well as local presentations, and an event page.

IN-CASE.org



Indiana MoneyWise in the classroom



Through Indiana MoneyWise, Indiana Secretary of State Connie Lawson offers financial fitness and fraud prevention programming to audiences of all ages, statewide. Indiana MoneyWise provides interactive learning experiences, tools, and resources to educators, and our outreach coordinators can travel to your classroom to provide programming directly to the youth you serve.

Pet \$ense: Magical Edition - This game teaches children how to budget using magical creatures in place of more traditional pets. Children use an assigned allowance to make purchasing decisions for pet supplies. We throw in an emergency expense at the end to teach the importance of keeping some wiggle room in a budget.

Financial Fitness Reading Program - Children read books with financial messaging and reinforce what they read by completing several activities. Upon completion of the program, children are awarded a Secretary of State piggy bank.

Fraud Fighting Force - Children love escape room games, and we have created a simulation that uses many of the best parts, such as secret codes and invisible ink. Children are told they have a chance to join a superhero team, but they must first prove their worth by discovering a series of investment scams.

How to Avoid Getting \$CAMMED - This is a Prezi presentation developed by our office to teach teenagers and adults about various forms of financial fraud. We cover several popular scams, including the IRS scam, the grandparent scam, the tech support scam, and Ponzi schemes. We discuss methods of persuasion used by con artists and look at real life examples of investment fraud here in Indiana.

Financial Fitness Jeopardy - Just like traditional Jeopardy, but the questions center around money. This game allows for added discussion and in-depth learning. It's ideal for teenagers.

Indiana MoneyWise BINGO - Just like regular BINGO, only instead of simply reading numbers and letters, we provide fraud prevention tips along the way. This is a great game for engaging teenagers and adults.

We encourage you to check out the Educational Resources page of our website. To schedule a visit to your school by one of our outreach coordinators, or to get more information about the programs above, please contact Kelly Griese and/or Kylee Hale.

FRAUD STOPPERS

Real Life Stories of Investment Fraud

At the beginning of this year, the Indiana Secretary of State office prosecuted investment fraudster Eric Marshall, a former South Bend attorney.

Charged with mail fraud and accused of stealing clients' investments, Marshall was the operator of a common scam called a Ponzi scheme. We often see this type of scam in Securities fraud. Below is the story of how this con artist conveyed the scam and the highlighted red flags of fraud.

Beginning in March of 1998, Marshall recruited investors with promised returns of 4-8% annually. Marshall provided monthly statements to keep investors strung along. Investors were unaware the Trust & Investment account was practically empty by January of 2016, as Marshall continued to provide fake information about their investments to his clients. Some investors requested to withdrawal some of their investments and Marshall complied, transferring money from unrelated accounts. But like most Ponzi scheme operators, Marshall eventually stopped communicating and even closed his office. Shortly after that, he skipped town.

After Marshall's clients filed complaints with the Indiana Secretary of State Securities Division, he was found in January of 2019. Marshall was taken into custody in Clearwater, FL. He is awaiting sentencing but is expected to receive up to 40 years in prison, up to 5 million in fines, and possibly forced to pay restitution.



*Eric Marshall, 61,
Pinellas County, Florida jail*



*Looks may be deceiving,
con artists don't appear like
masked villains, but beware,
they can scam you of your
hard earned money.*

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