

Financial Outcome:

1. How are you currently allocating commission checks? (enter percentage in each category)

Business: _____% Personal: _____% Taxes: _____% Community: _____%

2. Should that change? Yes No

3. What is your current outflow? (enter amount in each category)

Business: \$_____ Personal: \$_____ Taxes: \$_____ Community: \$_____

4. What is the NET INCOME goal across all 4? \$_____

Schedule:

5. What is your scheduled day off every week?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6. What time of the day do you have downtime? _____

7. When do you have your vacation scheduled? _____

Your People:

8. Who are the most important people in your life?

9. How many times per month will you reach out to them? _____ # of times

Fitness/Health:

10. Are you currently on any regimen to take care of YOU? Yes No

11. What needs to change? _____

12. Who is going to be your accountability partner in this endeavor? _____

Education:

13. What do you need help with?

Investors Listings Buyers Systems Team Building Marketing Niche Video

14. What is your budget for educational conferences and classes? \$_____

Spiritual:

15. Do you have a gap to fill here? Yes No

16. What needs to change in your life to open you up to something bigger?

GiveBack:

17. What nonprofit/community activity MEANS something to you right now? _____

18. What are you going to do for them in the next 12 months?
