



Session Goals

FOCUS AREAS	Place an "X" in the boxes you want to cover
Written Spending Plan (Budget)	<input type="checkbox"/>
Debt Reduction Plan	<input type="checkbox"/>
Emergency Funds	<input type="checkbox"/>
Investing	<input type="checkbox"/>
Growing Your Wealth	<input type="checkbox"/>
Retirement Funds	<input type="checkbox"/>
College Funds	<input type="checkbox"/>
Charitable Giving	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>
Auto Insurance	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>
Homeowners Insurance	<input type="checkbox"/>

***Place an 'X' in the box by all areas that you want to cover. We will only spend our time discussing the areas which apply to your finances. This session time is YOURS, so make sure you come prepared to ask as many questions as you like. We will answer them all and make sure you are clear as to what your future goal/outcome will be.