



To help us continually improve our business opportunity, please complete the following Career Survey:

• What is your current occupation? \_\_\_\_\_

• Company name: \_\_\_\_\_

• # of Employees: \_\_\_\_\_

• What do you like most about what you do in your occupation? \_\_\_\_\_

• What do you like least about what you do currently? \_\_\_\_\_

	YES	NO
1. Are you earning what you're worth? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your job offer good chances for advancement? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your career challenge you? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you want to be doing your present job at age 60? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your income sufficient to satisfy your needs & dreams? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you get enough time off to do all the things you want to? ...	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now working at only one job? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you want your kids to do what you do in your career? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you like teaching and talking to people? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you like sharing things you're excited about with others? ...	<input type="checkbox"/>	<input type="checkbox"/>
11. Would you like more money and more tax deductions? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you like an exciting career that makes others happy? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you like challenge and variety in your career? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Would you like a career with unlimited income potential? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Does being your own boss appeal to you? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Would you like to travel and deduct the expenses from taxes? ..	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR ATTENDING

**PLEASE COMPLETE THIS QUESTIONNAIRE AND LEAVE IT WITH US**

Name: \_\_\_\_\_ Telephone (home): \_\_\_\_\_  
Address: \_\_\_\_\_ (work): \_\_\_\_\_  
\_\_\_\_\_ E-mail address: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Age: \_\_\_\_ Married: \_\_\_\_ Homeowner: \_\_\_\_  
Today's Date: \_\_\_\_\_ Who invited you? \_\_\_\_\_

**BUSINESS OPPORTUNITY OBJECTIVE**

***Yes I'm interested in MAKING MORE MONEY:***

**1. My area of interest is:**

\_\_\_ I want to start today  
\_\_\_ Career change in the future  
\_\_\_ Immediate career change  
\_\_\_ Part time Income

**2. I want to begin:**

\_\_\_ Less than 10 hrs. per week  
\_\_\_ 10-20 hrs. per week  
\_\_\_ 20-40 hrs. per week

**PERSONAL FINANCIAL OBJECTIVES**

**Yes I want to SAVE MONEY on the following (please provide me more information):**

**1. Investments**

\_\_\_ I am happy with the return on my money  
\_\_\_ We need to talk about investments  
\_\_\_ I have an IRA  
\_\_\_ Info on Roth and Educational IRA  
\_\_\_ Need information on annuities

**2. Insurance**

\_\_\_ I probably own the wrong life insurance  
\_\_\_ I own only term insurance  
\_\_\_ I am financially independent  
\_\_\_ We need to talk about long term care insurance

**3. Legal Protection**

\_\_\_ I have a will  
\_\_\_ I may be underserved legally  
\_\_\_ I would like information

**4. Debt**

\_\_\_ I do not have any debt  
\_\_\_ I need to consolidate my debt  
\_\_\_ I expect to purchase a home within the next 6 mo.

**3. Auto & Home**

\_\_\_ I would like to save \$ on Auto  
\_\_\_ I would like to save \$ on Home  
\_\_\_ I would like to save \$ on Renters

**FINANCIAL NEEDS ANALYSIS**

\_\_\_ Yes, I would like a Complimentary FNA

**Follow up date scheduled** \_\_\_\_\_

**WHO ELSE SHOULD HEAR ABOUT WHAT WE DO?**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_ Married: \_\_\_\_ Homeowner: \_\_\_\_  
\_\_\_\_\_ Kids: \_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_ Married: \_\_\_\_ Homeowner: \_\_\_\_  
\_\_\_\_\_ Kids: \_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_