

FINANCIAL CHECK-UP QUIZ

PARTICIPANT NAME: _____ **DATE:** _____

1. Have you made a list of specific financial goals and determined when you want to achieve them? Yes _____ No _____
2. Have you started savings or an investment program to fund long-term goals such as retirement or a child's college education? Yes _____ No _____
3. Do you have at least three months' expenses in a readily accessible account? Yes _____ No _____
4. Do you think you are up-to-date on your knowledge of financial planning topics? Yes _____ No _____ If no, what areas would you like to receive more information on?

5. Do you know how much you spend and save per month? Yes _____ No _____
6. Do you have difficulty maintaining your savings account? Yes _____ No _____
7. Do you have a checking account? Yes _____ No _____ Do you keep accurate entries of all checking transactions? Yes _____ No _____
8. Is your monthly income greater than your monthly expenses? Yes _____ No _____
9. Do you save money from each paycheck? Yes _____ No _____
If so, how much do you save? _____
10. Do you know your net worth? Yes _____ No _____
11. Are you paying off high-interest loans and credit cards as quickly as possible? Yes _____ No _____
12. Do you have life insurance? Yes _____ No _____
13. Do you have health insurance? Yes _____ No _____
14. Is your life, health and property adequately insured (benefits large enough to cover a major loss from fire, theft, etc.?) Yes _____ No _____
15. Do you have a will? Yes _____ No _____
16. Do you have a copy of your credit report? Yes _____ No _____
17. Have you had difficulty obtaining credit? Yes _____ No _____
18. Do you own your home? Yes _____ No _____
19. Do you have a car? Yes _____ No _____
20. What comments or special needs would you like assistance with? _____