

IBA Personal Lifestyle Plan

Name:			
Phone Number:		Email:	
IBA Advisor (IBAA):			
IBAA Phone #:		IBAA Email:	
Today's Date:		Next Check-in Date:	

Fill out the **Results** section, then the **Current Reality** section and then create 3 or 4 specific **Action Steps** so you have an **Action Plan** that will work for you until your next check-in date.

Results and Vision	Due Date:
<p>Specific Goals: Money, Time, Health</p>	
<p>Your Why:</p>	

Action Steps	
1.	
2.	
3.	
4.	

Current reality for your financial and time freedom lifestyle

Rate the following on a scale of 1 to 5 (5 = high)	
Current Savings – Retirement situation:	1 2 3 4 5
Current Debt situation:	1 2 3 4 5
Current Time spent doing the things you love to do:	1 2 3 4 5
Current Time spent with family and friends:	1 2 3 4 5
Are you having fun? Are you passionate about what you do?	1 2 3 4 5
Personal – Physical Health status:	1 2 3 4 5
Current Job - Business situation:	
Current options for improving financial and time freedom :	
Other factors:	

