

Financial Wellness Workshop FAQs

Why do you offer complimentary workshops?

We believe that once people have all the facts, then, and only then, are they able to make the best decisions. We provide these facts, and then we offer the opportunity for people to sit down with us to apply the knowledge. This is how we create life-long clients and help people.

Do my employees have to buy anything?

There is no obligation to purchase anything at anytime.

How long will the workshop last?

It depends on the workflow of your company. We prefer 45 minutes to one hour; however, we can do it in as little as 30 minutes. (We have found that people usually have questions, so 45 minutes is better.)

How many employees have to attend?

We like to see a minimum of six. The ideal group is between 15 - 30.

How do I let my employees know about the workshop?

Let them know through the ways you normally get important information out to your workforce. We can provide paycheck stuffers, flyers and email content if you like.

Do you have references from other companies?

Yes, several. (See references section of website.)



Financial Workshop Planning Template

4 Weeks Out

- ☐ Send introduction letter out to prospective Human Resources Managers (or Owners) of small businesses

3 Weeks Out

- ☐ Contact the interested Human Resources Manager to schedule a date for the workshop
- ☐ Ask the Human Resources Manager which presentation topic(s) their employees are interested in
- ☐ Gain compliance approval by submitting the Speaking Engagement Request on POL (MyPOL/All Apps for Business & Client Management/Client Tools) in the U.S. In Canada, representatives must complete the Speaking Engagement Request Form and send it to the Canadian Home Office via ICS, email (Canada_Compliance@Primerica.com), or fax (905-813-5314) to the Field Management Department. Any advertising materials or invitations not found among the approved materials in the Advertising Handbooks on POL must receive approval from the Home Office BEFORE the event.

2 Weeks Out

- ☐ Have Human Resources Manager send promotional emails to employees or put up flyers in common areas about the workshop
- ☐ Get an idea of any equipment needed at the facility for the workshop. Potential items needed include but are not limited to:
 - ☐ Laptop/projector/screen
 - ☐ Sound system
 - ☐ Registration table/chair
- ☐ Re-contact Human Resources Manager to confirm start times, number of attendees, etc.
- ☐ Begin reviewing and rehearsing presentation materials, speaker scripts and FAQs

1 Week Out

- ☐ Make sure your projectors, laptop, screen, etc., are in working order
- ☐ Rehearse the presentation

Day of the Workshop

- ☐ Arrive early
- ☐ Check room setup
- ☐ Ensure all equipment is working properly
- ☐ Lay out marketing materials
- ☐ Set up registration table

Group Event Check off List

Location Space and Equipment

- | | |
|--|--------------------------|
| <input type="checkbox"/> Tables and Chairs (For Guest Count) | <input type="checkbox"/> |
| <input type="checkbox"/> TV/Projector | <input type="checkbox"/> |
| <input type="checkbox"/> Audio (Mic, Speakers, Music) | <input type="checkbox"/> |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> |
| <input type="checkbox"/> Laptop Charger | <input type="checkbox"/> |
| <input type="checkbox"/> HDMI Cable/ UBS Cable | <input type="checkbox"/> |
| <input type="checkbox"/> Flash Drive | <input type="checkbox"/> |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> |
| <input type="checkbox"/> Clicker/ Laser Pointer | <input type="checkbox"/> |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> |
| <input type="checkbox"/> Cell Phone Charger | <input type="checkbox"/> |
| <input type="checkbox"/> Parking Availability | |

Stationery

- | | |
|---|---|
| <input type="checkbox"/> Pens/Pencils | <input type="checkbox"/> Budget Sheets |
| <input type="checkbox"/> Paper/ Note Pads | <input type="checkbox"/> Stapler/ Staples (if relevant) |
| <input type="checkbox"/> Brochures/Hand Outs | <input type="checkbox"/> Paper Clips (if relevant) |
| <input type="checkbox"/> Folders | <input type="checkbox"/> Business Cards/Digital Card |
| <input type="checkbox"/> Sign-In Sheets (Guest/Agents) | <input type="checkbox"/> Prizes/Gifts (if relevant) |
| <input type="checkbox"/> FIP Client Interest/SIGN UP Form | |

Refreshments/ Party Supplies

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Desserts |
| <input type="checkbox"/> Beverages (Water, Tea, Sodas, Alcohol) | <input type="checkbox"/> |
| <input type="checkbox"/> Plates/Cutlery/Cups/Napkins | <input type="checkbox"/> |

Miscellaneous

- ☐ extra copies of forms
- ☐ breath mints
- ☐ Contact info of Host
- ☐ Contact information for all Vendors
- ☐ Snacks for TNT Presenters
- ☐
- ☐

Team Member Assignment

Financial Workshop Questionnaire

Please complete this form and leave it with us.*

Name: _____

Address: _____

Phone: _____ **Email:** _____

What are you most interested in? (Please mark all that apply.)

- _____ Complimentary Financial Needs Analysis (FNA)
- _____ How to pay down debt faster
- _____ How to know if I'm saving enough for retirement
- _____ Ways to save money/cut expenses
- _____ How my life insurance really works
- _____ Extra Income Opportunity

- _____ Mortgage Loan Services

On a scale of 1-10, 10 being the highest, how would you rate your desire to become debt free and financially independent? _____

Personal (Tell us a little about yourself)

- _____ Married
- _____ Homeowner
- _____ Children
- _____ 25 years or older
- _____ Work full time

Comments: _____

* I understand that a Primerica representative may contact me.

Life Insurance: In New York, term life insurance products are underwritten by National Benefit Life Insurance Company, Home Office: Long Island City, New York. In the United States (except in New York), term life insurance products are underwritten by Primerica Life Insurance Company, Executive Offices: Duluth, Georgia. **Securities:** In the United States, securities are offered by PFS Investments Inc., 1 Primerica Parkway, Duluth, Georgia 30099-0001. Variable annuities are offered from MetLife Life and Annuity Company of Connecticut.



Today's Date _____

Invited By _____ Trainer's Name _____

First Name _____ Last Name _____

Home Address _____ Apt _____

City _____ State _____ Zip _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____ Email Address _____

PERSONAL INFO: ☐ Married ☐ Common Law ☐ Single ☐ Single Parent ☐ Divorced ☐ Widowed

Your Age _____ # of Children _____ ☐ RENTER ☐ HOME OWNER

INTERESTED IN? ☐ Part-Time Income ☐ Full-Time Income ☐ CAREER CHANGE ☐ BUSINESS OWNERSHIP

I NEED HELP WITH THE FOLLOWING: (Check ALL that apply)

- ☐ **WEALTH BUILDING ACCOUNT:** _____ Retirement (Current 401k/403b) _____ Early Retirement
_____ Money Left at Old Job _____ Mutual Funds _____ IRAs (Traditional/ROTH IRA)
- ☐ **SHORT TERM SAVINGS:** _____ Emergency Fund _____ Buying a Home _____ Travel Fund
- ☐ **COLLEGE PLANNING** (529/UGMA)
- ☐ **LEGACY PROTECTION** (LIFE INSURANCE)
- ☐ **DEBT RESOLUTION:** Debt Stacking/Debt Consolidation/Debt Elimination
- ☐ **SETTING UP A WILL/TRUST** (LEGAL PROTECTION PROGRAM)
- ☐ **SAVING MONEY** on my Auto Insurance/Home Owner's/Business Insurance

Are you the type of person that says I Need Help and then procrastinates? ☐ Yes ☐ No

Are you the type of person that says I Need Help and then acts on it? ☐ Yes ☐ No

Have you ever been responsible to hire and/or train people? ☐ Yes ☐ No

Are you interested in making money for training and helping others? ☐ Yes ☐ No

_____ ***I am interested in hosting a Financial Independence Party (Financial Seminar) at my house.***

Please list five references that you associate with weekly or you feel need to hear this information:

	Name	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I WANT TO GET MONEY FIT



NO.	GUEST NAME	PHONE (HOME)	PHONE (CELL)	EMAIL	DAYS/TIMES AVAILABLE
1				Email	
2				Email	
3				Email	
4				Email	
5				Email	
6				Email	
7				Email	
8				Email	
9				Email	
10				Email	
11				Email	
12				Email	
13				Email	
14				Email	
15				Email	

ORGANIZATION

EVENT DATE

NO.	GUEST NAME	PHONE (HOME)	PHONE (CELL)	EMAIL
16				Email
17				Email
18				Email
19				Email
20				Email
21				Email
22				Email
23				Email
24				Email
25				Email
26				Email
27				Email
28				Email
29				Email
30				Email