

**Our Clients input is extremely important to us.  
To insure that we meet your expectations, we'd like to ask,**

*"How are we doing?"*

Please take a moment to fill out the following survey and mail it back to us  
in the enclosed self-addressed stamped envelope. Thank you!

**Profile**

Name(s): \_\_\_\_\_  
Preferred Nicknames: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Birthday(s): \_\_\_\_\_ Anniversary: \_\_\_\_\_

**Satisfaction**

On the Phone

- Are your phone calls to our office answered promptly and courteously?  
 Always     Frequently     Usually     Seldom     Never
- Are your phone calls returned promptly by Rick?  
 Always     Frequently     Usually     Seldom     Never
- Are your phone calls returned promptly by Rick's team?  
 Always     Frequently     Usually     Seldom     Never

**In the Office** *(if you do not visit our office you may skip this section)*

- Are you greeted promptly and courteously when you come to visit our office?  
 Always     Frequently     Usually     Seldom     Never
- Is our lobby clean and comfortable? .....  Yes     No
- Are you offered a choice of beverage and refreshment?.....  Yes     No
- Are you kept informed if your meeting has been delayed or running late? .....  Yes     No

**Service**

-- Do you feel comfortable explaining questions or problems to Rick and / or his team? .....

.....  Yes  No

-- Do you feel Rick's team is knowledgeable and able to answer questions to your satisfaction? .....

.....  Yes  No

-- Do Rick and his team respond to your requests in a timely manner? .....  Yes  No

-- How would you rate the quarterly newsletter we send you?

(POOR) 1 2 3 4 5 (EXCELLENT)

**Meetings**

-- How beneficial do you feel your update meetings with Rick are?

(NOT BENEFICIAL) 1 2 3 4 5 (VERY BENEFICIAL)

-- How often would you like to meet personally with Rick?

Monthly  Quarterly  Semi-Annually  Annually  Upon Request

-- Do you have any scheduling preferences? (i.e., mornings, or only on Tuesdays, etc.) \_\_\_\_\_

-- Best time to contact you? \_\_\_\_\_

**Overall**

-- What do you like best about your relationship with Pinion Financial Services? \_\_\_\_\_

What would you change or improve to make that relationship more enjoyable and / or more beneficial to you? \_\_\_\_\_

-- How would you rate your overall relationship with PFS?

(POOR) 1 2 3 4 5 (EXCELLENT)

-- Our goal is to provide you with the best customer service possible. Do you feel we are currently doing that? .....  Yes  No

-- Would you recommend our services to your friends and colleagues? .....  Yes  No

-- May we use your name(s) and phone number(s) if potential clients request a list of references? .....

.....  Yes  No

**We are still accepting NEW CLIENTS!**

**Do you know someone who could benefit from our services? If so, please let us know:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Do you belong to an organization you'd like us to speak to?

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Contact: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Any other comments for us? \_\_\_\_\_

## Interests

In an effort to serve you better and get to know you, we'd like to find out more about your interests, taste and preferences. Please tell us a little more about yourself. *(If you are not filling this out with a spouse, please disregard the unnecessary column.)*

What are your favorite hobbies and activities lately? *(i.e., fishing, scrap booking, golfing, gardening, etc.)*

*Husband*

*Wife*

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What are your top two favorite books or magazines?

*Husband*

*Wife*

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

What are your top two favorite movies?

*Husband*

*Wife*

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

What are your top two favorite TV shows?

*Husband*

*Wife*

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

What are your top two favorite musical artists?

*Husband*

*Wife*

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

What are your top two favorite restaurants?

*Husband*

*Wife*

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

Please describe your lifestyle: .....  Active       Moderate       Sedentary

We may occasionally send food as gifts. Do you have any preferences? \_\_\_\_\_

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Do you have any allergies or diet restrictions? .....  Yes       No

If yes, please explain: \_\_\_\_\_

Our Goal is Complete Client Satisfaction. Thank you for your time!