

Vera Client Survey

Advisor Name: _____

Date: _____

Your Name (optional): _____

	<u>Yes</u>	<u>No</u>
1. Do you believe your Financial Advisor is entirely objective and independent in their recommendations?		
2. Does your Financial Advisor act in a professional manner?		
3. Do you feel your Financial Advisor makes a concerted effort to customize your financial plan and thoroughly explain your solutions?		
4. Has working with your Financial Advisor improved your confidence in making Financial Decisions?		
5. Do you feel your Financial Advisor sincerely cares about fulfilling your goals regarding your financial wellbeing?		
6. Do you feel comfortable notifying your Financial Advisor as life changes occur?		
7. Do you feel you are gaining value from our services?		
8. Would you recommend Vera Financial Solutions to a friend, or family member?		

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with your Financial Advisor?					
2. How satisfied are you with your Financial Advisor's recommendations and solutions?					
3. How satisfied are you with your Financial Advisors timeliness?					
4. How satisfied are you with your Financial Advisor's ability to listen and understand your concerns?					
5. How satisfied are you with your Financial Advisors overall knowledge?					
6. How satisfied are you with your Financial Advisors ability to communicate clearly?					

Comments: