

DATABASE OF CLIENT SATISFACTION QUESTIONS

Use this tool as a resource to gauge client satisfaction.

I. General Satisfaction

1. On a scale of 1 to 5 (1 = not at all satisfied, 5 = very satisfied), how satisfied are you with the overall services provided?
2. Would you recommend us/me to another company? How would you describe us in a client reference check?
3. What could we/I do to improve service delivery?

II. Effectiveness of Team Service Delivery

1. Rate your satisfaction with our service team:

	Less satisfied			Very satisfied	
	1	2	3	4	5
Relationship manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of meeting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and expertise of our team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall management of your relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of ideas and consultative solutions we provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of proactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of your business needs and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business planning process, including quality of business plans and service reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolving service issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of time spent on your account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of monitoring of your plan goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In your opinion, what are three things we could do to improve the relationship with your organization?

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DATABASE OF CLIENT SATISFACTION QUESTIONS (CONT'D)

II. Effectiveness of Team Service Delivery (cont'd)

3. What could we change to better meet your needs?

	Yes	No	How?
Improve service levels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Make changes to team members/structure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide more strategic services	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reduce fees	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide more information on specific topics of interest	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide more plan management and oversight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Faster resolution of questions/problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
More operational flexibility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closure of outstanding issues	<input type="checkbox"/>	<input type="checkbox"/>	_____
New products such as ...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enhanced reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Improved participant services	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other?	<input type="checkbox"/>	<input type="checkbox"/>	_____

III. Future Needs/Objectives

1. What plans/services do you plan to formally review in _____ ?
2. What process will you utilize to conduct the review? Who will be involved?
3. How do you evaluate and monitor your services?
4. What is the likelihood a change will take place in the next 18 to 24 months?

Very unlikely	Unlikely	Possible	Somewhat likely	Very likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>