## **Client service survey**

#### www.tralleefanara.com

Verv



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### Do you know someone concerned about today's "stormy markets"?

We can help them gain peace of mind with a no-obligation second opinion on their current investment portfolio. Ask us for more information about this free service. We are committed to continually enhancing the service we provide to you. To help us identify any areas we should focus on, we would appreciate your time in completing this short client service survey.

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Name: \_\_\_\_

### Your experience

Please rate your experience.

|   |   | very<br>Satisfied |   |   | Dissat | isfied |
|---|---|-------------------|---|---|--------|--------|
| > | Your overall client service with us.                                | 1                 | 2 | 3 | 4      | 5      |
| > | Frequency of communication with us.                                 | 1                 | 2 | 3 | 4      | 5      |
| > | We are available when you call.                                     | 1                 | 2 | 3 | 4      | 5      |
| > | You receive prompt replies to your voice mails or e-mails.          | 1                 | 2 | 3 | 4      | 5      |
| > | Your account is handled with minimal problems or mistakes.          | 1                 | 2 | 3 | 4      | 5      |
| > | Your investment goals and needs are well understood.                | 1                 | 2 | 3 | 4      | 5      |
| > | We clearly explain your investment options and our recommendations. | 1                 | 2 | 3 | 4      | 5      |
| > | Overall investment advice we have provided.                         | 1                 | 2 | 3 | 4      | 5      |
| > | Comfort with the level of risk your investments are exposed to.     | 1                 | 2 | 3 | 4      | 5      |
| > | Investment reporting services and methods.                          | 1                 | 2 | 3 | 4      | 5      |

Please name one thing we can do to improve the service you receive.



# Addressing all your wealth management needs

| 1. Do you feel confident that your plan addresses all your          | 1. What percentage of your investable assets do you estimate   |  |  |  |
|---|--|--|--|--|
| financial needs?  | you hold with us?  |  |  |  |
| □ Yes. □ Somewhat. □ No. □ Not sure.                                |  |  |  |  |
|   |  |  |  |  |
| 2. Do you require (additional) assistance with estate               |  |  |  |  |
| planning?   | □ 61-80%   |  |  |  |
| □ Yes. □ No. □ Not sure.  | □ 81-99%   |  |  |  |
|   | <b>1</b> 00%   |  |  |  |
| 3. Do you require (additional) assistance with tax-                 |  |  |  |  |
| minimization?   | 2. Would you be interested in a portfolio review of any assets |  |  |  |
| □ Yes. □ No. □ Not sure.  | you do not hold with us (to help ensure proper alignment)?     |  |  |  |
|   | 🗅 Yes. 🗳 No.   |  |  |  |
| 4. Do you require (additional) assistance with retirement planning? | Not sure – please contact me to discuss.                       |  |  |  |
| Yes. No. Not sure.  | 3. Are you confident your portfolio is on track to achieving   |  |  |  |
|   | your long-term investment objectives?                          |  |  |  |
| 5. Do you require (additional) assistance with business             | □ Yes. □ No.   |  |  |  |
| planning or business succession planning?                           |  |  |  |  |
| Yes. No. Not sure.  | 4. Who do you know who you would like to refer to our team     |  |  |  |
|   | for a complimentary initial consultation/portfolio review?     |  |  |  |
| 6. Do you require (additional) assistance with insurance            |  |  |  |  |
| coverage?   | Name:  |  |  |  |
| □ Yes. □ No. □ Not sure.  |  |  |  |  |
|   | Phone:   |  |  |  |
| 7. Do you currently work with a lawyer or accountant for your       |  |  |  |  |
| estate/tax/business planning needs?                                 | 5. Which of the following additional services would you be     |  |  |  |
| □ Yes. □ No.  | interested in learning more about?                             |  |  |  |
|   | (Please select all that apply.)                                |  |  |  |
| In order to keep your file up-to-date, please provide the           | Complimentary financial plan                                   |  |  |  |
| names and telephone numbers of your accountant and                  | Family wealth management                                       |  |  |  |
| lawyer.   | Tax-minimization strategies                                    |  |  |  |
| ,   | Maximizing retirement income                                   |  |  |  |
| Accountant name:  | Providing for a family member's education                      |  |  |  |
| Phone:  | Planning an efficient and tax-smart estate                     |  |  |  |
|   | Ensuring proper insurance coverage                             |  |  |  |
| Lawyer name:  | Creating a charitable legacy                                   |  |  |  |
| Phone:  |  |  |  |  |
|   | mments or suggestions to help improve our services.            |  |  |  |
| i lease let us know it you have any co                              | minents of subgestions to neth inhing on services.             |  |  |  |

Portfolio management

*Thank you for taking the time to answer these questions. Please return your completed survey in the post-page envelope.* 



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