

Service Questionnaire

At Maniet Financial Services Network we continually strive to provide top notch service to our clients. Please take a moment to complete the following questions to aid us in achieving this goal. Your honest response please. We welcome your criticism.

Please circle or underline your answer. Please be honest.

1.) What is the best way to communicate with you?

Email

Phone

Regular Mail

2.) If you prefer email, how often do you check your email?

Hourly

Daily

Weekly

3.) Do you feel that the level of communication being provided currently is sufficient?

Yes

No

4.) Do you prefer to initiate communication or wish us to check in on a regular basis?

I prefer to call

You can call regularly

5.) When you have questions is it easy to reach your advisor?

Yes

No

6.) How often would you like to meet to review?

Semi Annually

Annually

As is necessary based upon market conditions

7.) At Maniet Financial Services Network we continually monitor the investments our clients own. Should changes become necessary we initiate contact immediately. Some clients like to be contacted and reassured during volatile times. Are you one of those who would like reassurance?

Yes

No

8.) In volatile times, we have traditionally sent market letters to advise our clients of our grasp of the situation. Do you feel communications would be helpful?

Yes

No

9.) Aside from market conditions are you generally pleased with us as investment advisors?

Yes

No

10.) Do you have a retirement plan at work?

Yes

No

I am retired

11.) If you have a work plan are you participating and are you satisfied with that plan?

Yes

No

12.) Do you feel that you are on target to meet your goals?

Yes

No

I really don't know

13.) Most Maniet Financial Services Investors tend to be conservative buy and hold types. Occasionally, however, we find attractive investment opportunities. Would you like us to consider contacting you when these opportunities arise?

Yes

No

14.) Maniet Financial Services Network takes pride in providing state of the industry products and services. At the same time, we attempt to balance change with our buy and hold strategy. Do you feel that we are accomplishing that balance?

Yes

No

15.) Have you considered how an extended disability or long-term care event would affect your portfolio and your life?

Yes

No

16.) Have we sufficiently addressed your Life Insurance needs?

Yes

No

17.) Do you currently have a mortgage?

Yes

No

Rate _____% Balance _____ Monthly payment \$ _____

18.) Our relationship began from?

Referral

**Advertisement
Seminar**

19.) How likely are you to refer us to family or friends?

Likely

Not Likely

20.) Is there anyone you feel we need to contact about our services?

21.) What other ways might we be able to service you?

22.) Do you have any general comments, complaints, or suggestions?

Thank you for taking the time to complete our questionnaire. Your opinions are very important to us. Please return it to us at the completion of our meeting or send it to us with the provided postage paid envelope and receive a small token of our gratitude.

Name (optional): _____

Again, thank you very much!

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