Each spouse should complete their form independent of the other spouse

Fulbright Financial Consulting, PA

Financial Satisfaction Survey

Name: _____
Date: _____

Not Satisfied **Somewhat Satisfied** **Very Satisfied**
<----------->
1 **2** **3** **4** **5**

Cash Flow Management:

1. ...with my ability to meet financial obligations. ____
2. ...with the income my current job or career provides me. ____
3. ...with my spending habits. ____
4. ...with my spending habits of family members. ____
5. ...with managing my debt. ____
6. ...with managing to maintain an adequate emergency fund. ____

Risk Management / Investments / Benefits

7. ...with the amount and types of insurance protection I currently have. ____
8. ...with my ability to protect my current cash-flows. ____
9. ...with the amount of money that I save and invest on a regular basis. ____
10. ...with my ability to meet short-term financial goals. ____
11. ...with my ability to meet my long-term financial goals under my current financial plan. (education, retirement, etc.) ____
12. ...with the level and quality of employee benefits I receive. ____

Management / Estate / Education

13. ...with my personal financial record keeping and management. ____
14. ...with my ability to manage my financial plan. ____
15. ...with my plan for protection / transfer of my assets. ____
16. ...with my income / estate tax reduction strategy. ____
17. ...with my level of charitable giving. ____
18. ...with my current level of financial education. ____

Qualitative Issues

19. ...with how I respond or react to difficult financial circumstances. ____
20. ...with my ability to maintain my current lifestyle (cash-flows). ____
21. ...with my ability and willingness to communicate about finances. ____
22. ...with the level of meaning that I receive from my finances. ____
23. ...with how my finances affect my personal relationships. ____
24. ...with the level of satisfaction I have with my financial professionals. ____

Client Signature: _____

Each spouse should complete their form independent of the other spouse

Fulbright Financial Consulting, PA

Financial Satisfaction Survey

Name: _____
Date: _____

Not Satisfied **Somewhat Satisfied** **Very Satisfied**
<----------->
1 **2** **3** **4** **5**

Cash Flow Management:

1. ...with my ability to meet financial obligations. ____
2. ...with the income my current job or career provides me. ____
3. ...with my spending habits. ____
4. ...with my spending habits of family members. ____
5. ...with managing my debt. ____
6. ...with managing to maintain an adequate emergency fund. ____

Risk Management / Investments / Benefits

7. ...with the amount and types of insurance protection I currently have. ____
8. ...with my ability to protect my current cash-flows. ____
9. ...with the amount of money that I save and invest on a regular basis. ____
10. ...with my ability to meet short-term financial goals. ____
11....with my ability to meet my long-term financial goals under my current financial plan. (education, retirement, etc.) ____
12. ...with the level and quality of employee benefits I receive. ____

Management / Estate / Education

13. ...with my personal financial record keeping and management. ____
14. ...with my ability to manage my financial plan. ____
15. ...with my plan for protection / transfer of my assets. ____
16. ...with my income / estate tax reduction strategy. ____
17. ...with my level of charitable giving. ____
18. ...with my current level of financial education. ____

Qualitative Issues

19. ...with how I respond or react to difficult financial circumstances. ____
20. ...with my ability to maintain my current lifestyle (cash-flows). ____
21. ...with my ability and willingness to communicate about finances. ____
22. ...with the level of meaning that I receive from my finances. ____
23. ...with how my finances affect my personal relationships. ____
24. ...with the level of satisfaction I have with my financial professionals. ____

Client Signature: _____