



RMS™ RELATIONSHIP REVIEW

Advisor Name _____ Date _____

Action(s) Committed by You: _____

Action(s) Committed to You: _____

Referrals since _____ Notes: _____

What are the three biggest obstacles (frustrations) you face currently?

What do you think you need to focus on to overcome your obstacles?

Is there any way you see us supporting you in overcoming your obstacles?

What are the three biggest successes you are experiencing?

What do you think you need to do to capitalize on your successes?

Is there any way you see us supporting you in capitalizing on your success?

What's next for us?

Who _____ By When? _____ Description _____

Comments: _____

Modify Rating to: _____

Gold 3 mo	Silver 6 mo	Bronze 9 mo
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