



BROWN
FINANCIAL SERVICES GROUP PTY LTD

Client Profile

Private and Confidential

Client Name	
Client Name	
Authorised Representative	
Date of Completion	
FSG Version Number	
Date of FSG Provided	



Brown Financial Services Group
Authorised Representative 276013 of:-
Bluewater Financial Advisors Pty Ltd (AFSL: 411846)
" Never miss an Opportunity to be your Best "

Life & Income Protection

Phone: (02) 6953 6048
Freecall: 1800 99 66 11
Mobile: 0417 361 690
Email: don@brownfinancial.com.au
Website: www.brownfinancial.com.au
Skype Live: brownfinancial_1

PERSONAL DETAILS

	Client 1	Client 2
Title		
Surname		
First name		
Preferred name		
Age		
Date of birth	____ / ____ / ____	____ / ____ / ____
Residential address		
Postal address		
Telephone		
Email		
Tax File Number		
Place of Birth		
Smoker		
Health		

EMPLOYMENT

	Client 1	Client 2
Occupation / position		
Income		
Name of employer		
Employment status		

ASSETS

Asset Description	Owner	Date Purchased	Value	Liability	Equity
Principle residence					
Contents					
Bank Account					
Investment property 1					
Business					
Other					
Total					

LIABILITIES

Asset Description	
Mortgage	
Credit Cards	
Other Liabilities	

SUPERANNUATION

Fund Name	Member	Receiving Contributions	Value
Total			

ESTATE PLANNING

	Client 1	Client 2
Do you have a Will, and do you have a Power of Attorney?		
When it was last reviewed?		

GENERAL INSURANCE

Details	Insurer	Sum Insured	Expiry Date	Premium
Motor Vehicle				
Home & Contents				
Health				
Business				

If you would like a no obligation free quote on any of your general Insurances please email copy of your current schedule to don@brownfinancial.com.au and we will be able to quote you with a number of companies. We can also quote your Motor Vehicle green slips for you.

CURRENT PERSONAL INSURANCE

Type of Insurance eg Life, Trauma	Sum Insured	Policy Holder	Premium	Policy Number

PERSONAL INSURANCE ANALYSIS

Do You Wish	Client 1 Yes/No	Client 2 Yes/No
To protect income against sickness or accident?		
To protect your family or assets in the event of death?		
To protect against a critical illness or trauma?		
To protect your family or assets in the event of receiving a total and permanent disability or illness?		

CLIENT ACKNOWLEDGEMENT

Protecting your privacy

- The information you provide to me will be kept on file at our business. You are entitled to request reasonable access to any information we hold on file about you.
- Your information is only disclosed to other parties as are necessary for us to provide our services to you. This may include fund managers, life companies, other Licensees and related entities. In addition, we will disclose your information where we are required to by law.
- We will not pass your information to other parties for any purposes other than those for which you have been informed.
- Our communication methods include phone calls, email (may be unsecured), fax and regular mail.

Duty of care

- The information you provided to us has been recorded in this fact find and will be used to prepare Your Financial Plan. Any discussions held during this fact finding meeting do not constitute personal advice and should not be implemented before you receive the financial plan we will prepare for you.
- It is important you provide me with detailed and accurate information so I can provide you with appropriate recommendations. We will not accept liability for recommendations based on inaccurate or incomplete information you supply.
- The following sections of this fact find have been completed:
 - 'your investment goals'
 - 'determining your investment strategy'
 - 'your insurance goals'

Sign off

Account and reference numbers

- I/We authorise Don Brown and Bluewater Financial Advisors to:
Retain and store my/our account numbers and/or Centrelink number for the purpose of providing me with initial and ongoing financial planning advice. Also to retain, store and quote my tax file number information for financial planning purposes.

I have received or have been provided with access to a Financial Services Guide

Personal information

The information I have provided in this fact find is a true and accurate record of my current personal and financial position. I am/we are not aware of any other information that my financial adviser would need to be aware of before providing me/us with financial advice.

I/we give permission for the information supplied in this fact find to be used for the preparation of my/our financial plan.

<input checked="" type="checkbox"/> Client 1	/ /
<input checked="" type="checkbox"/> Client 2	/ /