

Personal Profile

Important

Before making any personal recommendations, we must have reasonable grounds on which to base these recommendations. This means that we must ask you about your current situation, your investment goals, your particular needs and personal goals and aspirations. The information we collect in this form is necessary to enable us to make appropriate recommendations for you and will be used solely for that purpose.

You also need to take responsibility for providing accurate information to allow me to provide suitable advice. Where you choose not to provide information and still request that we provide advice, you need to understand that the advice we provide may not meet your needs or goals. If you do not know the answer to any question, we will assist you to complete it at your interview. We have included an instruction sheet to help you fill out this form.

The information we collect will be kept on your file in a secure manner. We may need to provide some of your personal information to other parties, typically fund managers, insurance providers and our compliance officer. We may also be required to provide your file to the Australian Securities and Investment Commission as part of their regulatory responsibility to monitor and review the way we provide advice to you.

You may have a copy of this form and can review your file should you wish to do so.

Client	
Adviser	
Date	
FSG & Privacy Statement given / sent to client on	

Flowers Financial Management
ACN 087 534 950
Australian Financial Service Licence No 235382
Level 2, 19 Harris Street, Pyrmont NSW 2009
Telephone (02) 8524 5700 Facsimile (02) 8524 5701

Personal Details

	Client 1	Client 2
Title	Mr / Mrs / Miss / Ms / Dr	Mr / Mrs / Miss / Ms / Dr
Given Names		
Surname		
Date of Birth		
Male/Female	Male / Female	Male / Female
Smoking Status	Smoker / Non-Smoker	Smoker / Non-Smoker
Country of Birth		
Marital Status		
Residential Address		
Work Phone		
Home Phone		
Fax		
Mobile		
E-mail		

Occupation

	Client 1	Client 2
Business/Company Name		
Occupation/Title		
Business Address		
Employment Status		

Children / Dependants

	1	2	3	4
Given Names				
Surname				
Male/Female				
Date of Birth				
Relationship				
Financial Dependant				
If Yes, until age				

Is there anyone that may be dependent on you in the future? If so, please provide details

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Income

	Client 1	Client 2
Gross Package	\$ p.a.	\$ p.a.
Cash Component	\$ p.a.	\$ p.a.
Non-Cash Benefits	\$ p.a.	\$ p.a.
SG Superannuation	\$ p.a.	\$ p.a.
Salary Sacrifice Super	\$ p.a.	\$ p.a.
Bonus Income	\$ p.a.	\$ p.a.
Interest	\$ p.a.	\$ p.a.
Dividends	\$ p.a.	\$ p.a.
Rental Income	\$ p.a.	\$ p.a.
Trust Income	\$ p.a.	\$ p.a.
Business Income	\$ p.a.	\$ p.a.
.....	\$ p.a.	\$ p.a.
Other Income	\$ p.a.	\$ p.a.
.....	\$ p.a.	\$ p.a.

NET PER MONTH

	\$ p/m	\$ p/m
Is Salary Packaging Available?	Yes / No	Yes / No
Is Salary Sacrifice of Superannuation Available?	Yes / No	Yes / No

How do you see your income changing as you go forward?

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Are you expecting any extraordinary additions to your Income in future years?

	Client 1	Client 2
If Yes Estimated Year		
If Yes Estimated Value		

Notes:

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Expenditure

	Household
Rent/Mortgage	\$
Maintenance.....	\$
Electricity, Gas, Heating.....	\$
Home Insurance.....	\$
Vehicle Loan/Lease	\$
Petrol	\$
Maintenance.....	\$
Insurance.....	\$
Personal Food.....	\$
Clothing.....	\$
Personal Insurance Premiums	\$
Private Health Insurance	\$
Mobile Phone.....	\$
Home Phone/Internet/Cable.....	\$
Gym and Grooming.....	\$
Entertainment	\$
Holidays	\$
Professional Registration.....	\$
Education	\$
Insurance.....	\$
Investments Regular Savings	\$
Credit Card Payments.....	\$
Other.....	\$
TOTAL	\$

In the next 5 Years, are there any specific lump sum requirements (excluding retirement), which you would like to achieve?

Goal	Estimated Funds Required	Target Date
Home/ Property Purchase	\$	
Holiday	\$	
Car/Boat/Caravan	\$	
Children's Education	\$	
Children's Wedding	\$	
Business Purchase	\$	
Other	\$	

Notes:

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Financial Goals and Objectives

When you look into the future, how do you see your lifestyle changing?

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What is your most important financial objective?

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What is your most important concern?

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What are 4 other financial objectives?

1)

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2)

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3)

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4)

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Personal Assets

Description of Asset	Principal Residence	Holiday Home	Motor Vehicle(s)	Boat/Caravan
Address				
Owner				
Year Purchased				
Purchase Price	\$	\$	\$	\$
Current Value	\$	\$	\$	\$

If Mortgaged

Lender		
Original Amount Borrowed	\$	\$
Commencement Date ...		
Current Balance	\$	\$
Interest Rate		
Monthly Payment	\$	\$
Loan Type		
Variable/Fixed		
Redraw Facility.....	\$	\$
Line of Credit	\$	\$

NET VALUE	\$	\$
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What do you estimate to be the value of your contents? \$

Notes:

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Personal Liabilities

	Client 1	Client 2
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Unsecured

Personal Loan	\$	\$
Personal Loan	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Overdraft.....	\$	\$
Line of Credit	\$	\$
Other	\$	\$

Secured

Motor Vehicle	\$	\$
Motor Vehicle	\$	\$
Marine	\$	\$
Overdraft.....	\$	\$
Line of Credit	\$	\$
Other	\$	\$

Notes:

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Investment Assets

Description of Investment	Investment Property 1	Investment Property 2	Business Premises
Address			
Owner			
Year Purchased			
Purchase Price	\$	\$	\$
Current Value	\$	\$	\$
<i>If Mortgaged</i>			
Lender			
Original Amount Borrowed	\$	\$	\$
Commencement Date			
Current Balance	\$	\$	\$
Interest Rate			
Monthly Payment	\$	\$	\$
Loan Type			
Variable/Fixed			
Redraw Facility			
Line of Credit			
NET VALUE	\$	\$	\$
Rent Received	\$	\$	\$

Notes:

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Managed Funds / Shares / Insurance Bonds

Investment	Owner	Date Purchased	Units Purchased	Current Value	Estimated Income	Exit fees/costs
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

Notes:

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Other Investments

Investment	Owner	Description	Current Value
			\$
			\$
			\$
			\$

Notes:

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Cash Holdings

Bank	Type of Account	Owner	Current Value
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

Notes:

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Superannuation

Do you have a Transitional RBL? Yes / No (Please provide details)

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Have you taken any benefits from Superannuation or Redundancy? Yes / No (Please provide details)

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Details

	Fund 1	Fund 2	Fund 3
Owner of Fund			
Company/Personal			
Fund Type	DB / ACC / DIY	DB / ACC / DIY	DB / ACC / DIY
Fund Manager			
Eligible Start Date			
Current Value (/ /)	\$	\$	\$
Pre 1/7/83	\$	\$	\$
Post 30/6/83	\$	\$	\$
Post 30/6/94 Invalidation	\$	\$	\$
Concessional Amount	\$	\$	\$
Undeducted Contributions.....	\$	\$	\$
Non-Qualifying Amount	\$	\$	\$
CGT Exempt Component	\$	\$	\$
Excessive Component	\$	\$	\$
Contributions			
Employer SGC	\$	\$	\$
Salary Sacrifice	\$	\$	\$
Additional Employer	\$	\$	\$
Employee Undeducted	\$	\$	\$
Insurance Benefits			
Life Cover	\$	\$	\$
TPD Cover	\$	\$	\$
Salary Continuance			
Premium/Frequency			

Notes:

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Superannuation Issues

Client 1	Client 2
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Is Superannuation Surcharge and issue for you?..

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Are Spouse Contributions a relevant issue?.....

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Retirement

Client 1	Client 2
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At what age do you intend to retire?

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What net income will you require in today's dollars?

\$	\$
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Notes:

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Risk Management

In the event of sickness or accident, what monthly amount of money would be required to cover all your living expenses?

Client 1

Client 2

In the event of unexpected death or incapacity of the following person, how would the family cope financially?

Client 1

Client 2

Income Protection

	Client 1	Client 2
Do you have any income protection?	Yes / No	Yes / No
Employer / Private Cover		
Insurance Company Name		
Policy Number		
Monthly Benefit	\$ pm	\$ pm
Waiting Period		
Benefit Period		
Monthly/Annual Premium	\$	\$
Claim Indexation		

Life Insurance

	Client 1	Client 2
Do you have any Life Insurance?	Yes / No	Yes / No
Policy Owner		
Insurance Company Name		
Policy Number		
Death Sum Assured	\$	\$
Whole of Life (place details in notes below)	Yes / No	Yes / No
TPD Sum Assured	\$	\$
Monthly/Annual Premium	\$	\$
Beneficiaries		
.....		

Trauma Cover

	Client 1	Client 2
Do you have any Trauma Cover?	Yes / No	Yes / No
Policy Owner		
Insurance Company Name		
Policy Number		
Trauma Sum Assured	\$	\$
Death Sum Assured	\$	\$
Monthly/Annual Premium	\$	\$

Notes:

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Property Insurance

	Property 1	Property 2	Property 3
Property.....			
Policy Type.....			
Product Provider.....			
Sum Insured.....			
Annual Premium.....			

Notes:

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Estate Planning

	Client 1	Client 2
Do you have a will?	Yes/No	Yes/No
When was it last reviewed?		
Where is your will held?		
Name of Executor		
Telephone		
Power of Attorney		
Enduring		
Name of Attorney		
Does your will maximise protection of your Estate?		
Do you understand the taxes that will apply to your Estate?		
Does your Will contain a provision for a Testamentary Trust		

Do you require more advice or assistance in organising your Estate Planning Needs?

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Notes:

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Other Advisers

	Accountant	Stockbroker	Solicitor
Name of Firm			
Name of Adviser			
Telephone			
E-Mail			

Notes:

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Personal Investment Experience

What is your investment knowledge and experience?

Excellent

Good

Average

Poor

Limited

What has been your best investment?

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What has been your worst investment?

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Are there any investments or companies you would prefer to avoid?

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Are there any investments or companies that you particularly wish to access?

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Notes:

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Risk Profile & Investment Attitudes

Please complete separate Risk Profile questionnaire

Client Acknowledgement

I / We confirm that the details recorded in this review are correct and reflect my / our true financial position.

	Signature	Date
Client 1		
Client 2		
Adviser		



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www.flowerspartners.com.au

Authority to Institutions

To Whom It May Concern

We/I, _____

of _____

request that all relevant information on our/my investments, insurance's, superannuation, bank accounts or other financial information be released to;

of Flowers Financial Management Pty Limited, on request.

Flowers Financial Management Pty Limited ACN 087 534 950, Australian Financial Services Licensee. The Adviser's address and contact number are as follows:

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at Flowers Financial Management Pty Limited.

Yours sincerely,

Client's full name _____

Client's full name _____

Signature _____

Signature _____

Date / / _____

Date / / _____

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