**FACT FIND**

**Version 5.1 (201702)**

### for

### **Superannuation** Advice

### Members / Clients

### Client A

### Client B

### Client C

### Client D

### Prepared By: Adviser Name

**Authorised Representative Number: xxxxxxxxx**

**Dated: xx/xx/20xx**

**Office Address:** Street Address

Suburb State P’Code

**Phone:** (XX) XXXX XXXX

**Mobile:** XXXX XXX XXX

**Email:** name@domain.com**.au**

Advice on your superannuation strategy will be provided under the Australian Financial Services Licence of SMSF Advisers Network Pty Ltd.

YOUR PRACTICE NAME is a Corporate Authorised Representative (No. XXXXXX) of SMSF Advisers Network Pty Ltd AFSL No. 430062.

#### Our duty to your ‘Best Interest’

In making any recommendation, an Authorised Representative of an Australian Financial Services Licensee must ensure that the advice being given is in the best interest of the client engaging that representative to provide the advice.

In order to ensure that the advice being given meets the ‘Best Interest Duty’, it is a requirement that the representative be as fully informed as possible. This includes collecting data in relation to:

* Your needs and objectives
* Your financial situation
* The financial products you currently hold
* The factors that help determine your attitude towards investment risk

Knowing this information will allow us to best assist you in making the right decisions for your financial future. To that end, we have created this document to help record that data in the following pages.

Should there be any requested information that you do not wish to provide, clearly mark that section as “Do not wish to provide” or “DNWP”. Please do not use N/A or Not Applicable.

Be aware that should you choose not to provide information that may be relevant to the agreed advice, our recommendations may be based on incomplete or inaccurate information. This means that our advice may not be suitable to your goals and objectives, given this omitted information.

If you have any questions about this process, please do not hesitate to ask.

If you feel that there is additional information that will better help us to understand your position, please let us know.

|  |  |
| --- | --- |
| **Proposed Member/Client Name:** |  |

|  |
| --- |
| **Personal Details** |
| Full Name |   |
| Date of Birth |   |
| Health Status | Excellent / Good / Poor |
| Smoking Status | Smoker / Non-Smoker |
| Occupation |   |
| Employer |   |
| Retired | Yes / No | Date Retired: / /  |
| Gross Annual Income | $ |
| Estimated annual living expenses | $ |
| Intended Retirement Age |   |
| Desired retirement income (today’s dollars) | $ |
| Dependants (Ages) |  |
|   |  |
|   |  |
| Would you consider your job secure?  | Yes / No |
| Will In Place | Yes / No | Updated: / /  |
| Power of Attorney | Yes / No | General | Financial | Medical |

**Do you have an existing Self Managed Superannuation Fund? Yes / No**

**If Yes:**

|  |
| --- |
| ***Name of SMSF:*** |
| ***Trustee Structure: Corporate / Individual*** |
| **Trustees / Directors (if applicable)** | ***Members*** | ***Member Balance ($)*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | ***Total SMSF Balance*** |  |

***Industry/Retail Superannuation***

|  |  |  |  |
| --- | --- | --- | --- |
| **Superannuation Fund** | ***Total Balance ($)*** | ***Taxable Component*** | ***Tax-Free Component*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Superannuation Balance*** |  |  |  |

***Contributions***

|  |  |
| --- | --- |
| **Previous Contributions Made** | **Amount ($)** |
| Total amount of non-concessional contributions made in the past 12 months  |   |
| Total amount of non-concessional contributions made in the past 3 years |   |
| Total amount of concessional contributions made in the past 12 months |   |

***Contribution sources***

|  |  |
| --- | --- |
| ***Source of funds*** | ***Amount ($)*** |
| Estimated company profit at 30 June  |  |
| Surplus income over expenses |  |
| Expected bonus remuneration |  |
| Surplus liquid assets |  |
| Sale of assets |  |
| **Total funds available for contribution** |  |

***Non-Superannuation Assets***

|  |  |
| --- | --- |
| **Asset Type** | **Value** |
| Bank Accounts |   |
| Term Deposits |   |
| Managed Funds |   |
| Shares – Listed |   |
| Shares – Unlisted |   |
| Direct Property – Residential |   |
| Direct Property – Business |   |
| Collectibles |   |
| Other |   |
|   |   |
|   |   |
| **Total Non-Superannuation Assets** | $ |

***Liabilities***

|  |  |
| --- | --- |
| **Liability Type** | **Value** |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **Total Non-Superannuation Liabilities** | $ |

***Personal Insurance***

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Type** | ***Total Cover*** | ***Annual Premium*** | ***Inside Super?*** ***Y/N*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Risk Profile***

*Please circle or highlight the answer most appropriate to your situation.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How many years until you reach retirement?** | 16 or more | 11-15 | 6-10 | 3-5 | 1-2 | Now |
| **Are you concerned about the rising cost of living over time** | Want growth in my investments to cover this | Very concerned | Concerned | More concerned with having stable investments | Not concerned | I’m unsure of what this means |
| **What is your investment experience?** | Very experienced | Experienced | Some experience | Little experience | No experience | Bad experience |
| **Would you prefer to reduce your retirement expectations or take more investment risk to achieve your retirement goals** | Take more risk | Reduce expectations |
| **Would you prefer fixed return investments or ride with the market?** | Ride with the market | Fixed returns |
| **Will you make regular contributions?** | Yes | No |

***Other information***

*Is there anything else we should know to assist in our analysis of your superannuation fund needs?*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Proposed Member/Client Name:** |  |

|  |
| --- |
| **Personal Details** |
| Full Name |   |
| Date of Birth |   |
| Health Status | Excellent / Good / Poor |
| Smoking Status | Smoker / Non-Smoker |
| Occupation |   |
| Employer |   |
| Retired | Yes / No | Date Retired: / /  |
| Gross Annual Income | $ |
| Estimated annual living expenses | $ |
| Intended Retirement Age |   |
| Desired retirement income (today’s dollars) | $ |
| Dependants (Ages) |  |
|   |  |
|   |  |
| Would you consider your job secure?  | Yes / No |
| Will In Place | Yes / No | Updated: / /  |
| Power of Attorney | Yes / No | General | Financial | Medical |

**Do you have an existing Self Managed Superannuation Fund? Yes / No**

**If Yes:**

|  |
| --- |
| ***Name of SMSF:*** |
| ***Trustee Structure: Corporate / Individual*** |
| **Trustees / Directors (if applicable)** | ***Members*** | ***Member Balance ($)*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | ***Total SMSF Balance*** |  |

***Industry/Retail Superannuation***

|  |  |  |  |
| --- | --- | --- | --- |
| **Superannuation Fund** | ***Total Balance ($)*** | ***Taxable Component*** | ***Tax-Free Component*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Superannuation Balance*** |  |  |  |

***Contributions***

|  |  |
| --- | --- |
| **Previous Contributions Made** | **Amount ($)** |
| Total amount of non-concessional contributions made in the past 12 months  |   |
| Total amount of non-concessional contributions made in the past 3 years |   |
| Total amount of concessional contributions made in the past 12 months |   |

***Contribution sources***

|  |  |
| --- | --- |
| ***Source of funds*** | ***Amount ($)*** |
| Estimated company profit at 30 June  |  |
| Surplus income over expenses |  |
| Expected bonus remuneration |  |
| Surplus liquid assets |  |
| Sale of assets |  |
| **Total funds available for contribution** |  |

***Non-Superannuation Assets***

|  |  |
| --- | --- |
| **Asset Type** | **Value** |
| Bank Accounts |   |
| Term Deposits |   |
| Managed Funds |   |
| Shares – Listed |   |
| Shares – Unlisted |   |
| Direct Property – Residential |   |
| Direct Property – Business |   |
| Collectibles |   |
| Other |   |
|   |   |
|   |   |
| **Total Non-Superannuation Assets** | $ |

***Liabilities***

|  |  |
| --- | --- |
| **Liability Type** | **Value** |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **Total Non-Superannuation Liabilities** | $ |

***Personal Insurance***

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Type** | ***Total Cover*** | ***Annual Premium*** | ***Inside Super?*** ***Y/N*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Risk Profile***

*Please circle or highlight the answer most appropriate to your situation.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How many years until you reach retirement?** | 16 or more | 11-15 | 6-10 | 3-5 | 1-2 | Now |
| **Are you concerned about the rising cost of living over time** | Want growth in my investments to cover this | Very concerned | Concerned | More concerned with having stable investments | Not concerned | I’m unsure of what this means |
| **What is your investment experience?** | Very experienced | Experienced | Some experience | Little experience | No experience | Bad experience |
| **Would you prefer to reduce your retirement expectations or take more investment risk to achieve your retirement goals** | Take more risk | Reduce expectations |
| **Would you prefer fixed return investments or ride with the market?** | Ride with the market | Fixed returns |
| **Will you make regular contributions?** | Yes | No |

***Other information***

*Is there anything else we should know to assist in our analysis of your superannuation fund needs?*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Proposed Member/Client Name:** |  |

|  |
| --- |
| **Personal Details** |
| Full Name |   |
| Date of Birth |   |
| Health Status | Excellent / Good / Poor |
| Smoking Status | Smoker / Non-Smoker |
| Occupation |   |
| Employer |   |
| Retired | Yes / No | Date Retired: / /  |
| Gross Annual Income | $ |
| Estimated annual living expenses | $ |
| Intended Retirement Age |   |
| Desired retirement income (today’s dollars) | $ |
| Dependants (Ages) |  |
|   |  |
|   |  |
| Would you consider your job secure?  | Yes / No |
| Will In Place | Yes / No | Updated: / /  |
| Power of Attorney | Yes / No | General | Financial | Medical |

**Do you have an existing Self Managed Superannuation Fund? Yes / No**

**If Yes:**

|  |
| --- |
| ***Name of SMSF:*** |
| ***Trustee Structure: Corporate / Individual*** |
| **Trustees / Directors (if applicable)** | ***Members*** | ***Member Balance ($)*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | ***Total SMSF Balance*** |  |

***Industry/Retail Superannuation***

|  |  |  |  |
| --- | --- | --- | --- |
| **Superannuation Fund** | ***Total Balance ($)*** | ***Taxable Component*** | ***Tax-Free Component*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Superannuation Balance*** |  |  |  |

***Contributions***

|  |  |
| --- | --- |
| **Previous Contributions Made** | **Amount ($)** |
| Total amount of non-concessional contributions made in the past 12 months  |   |
| Total amount of non-concessional contributions made in the past 3 years |   |
| Total amount of concessional contributions made in the past 12 months |   |

***Contribution sources***

|  |  |
| --- | --- |
| ***Source of funds*** | ***Amount ($)*** |
| Estimated company profit at 30 June  |  |
| Surplus income over expenses |  |
| Expected bonus remuneration |  |
| Surplus liquid assets |  |
| Sale of assets |  |
| **Total funds available for contribution** |  |

***Non-Superannuation Assets***

|  |  |
| --- | --- |
| **Asset Type** | **Value** |
| Bank Accounts |   |
| Term Deposits |   |
| Managed Funds |   |
| Shares – Listed |   |
| Shares – Unlisted |   |
| Direct Property – Residential |   |
| Direct Property – Business |   |
| Collectibles |   |
| Other |   |
|   |   |
|   |   |
| **Total Non-Superannuation Assets** | $ |

***Liabilities***

|  |  |
| --- | --- |
| **Liability Type** | **Value** |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **Total Non-Superannuation Liabilities** | $ |

***Personal Insurance***

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Type** | ***Total Cover*** | ***Annual Premium*** | ***Inside Super?*** ***Y/N*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Risk Profile***

*Please circle or highlight the answer most appropriate to your situation.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How many years until you reach retirement?** | 16 or more | 11-15 | 6-10 | 3-5 | 1-2 | Now |
| **Are you concerned about the rising cost of living over time** | Want growth in my investments to cover this | Very concerned | Concerned | More concerned with having stable investments | Not concerned | I’m unsure of what this means |
| **What is your investment experience?** | Very experienced | Experienced | Some experience | Little experience | No experience | Bad experience |
| **Would you prefer to reduce your retirement expectations or take more investment risk to achieve your retirement goals** | Take more risk | Reduce expectations |
| **Would you prefer fixed return investments or ride with the market?** | Ride with the market | Fixed returns |
| **Will you make regular contributions?** | Yes | No |

***Other information***

*Is there anything else we should know to assist in our analysis of your superannuation fund needs?*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Proposed Member/Client Name:** |  |

|  |
| --- |
| **Personal Details** |
| Full Name |   |
| Date of Birth |   |
| Health Status | Excellent / Good / Poor |
| Smoking Status | Smoker / Non-Smoker |
| Occupation |   |
| Employer |   |
| Retired | Yes / No | Date Retired: / /  |
| Gross Annual Income | $ |
| Estimated annual living expenses | $ |
| Intended Retirement Age |   |
| Desired retirement income (today’s dollars) | $ |
| Dependants (Ages) |  |
|   |  |
|   |  |
| Would you consider your job secure?  | Yes / No |
| Will In Place | Yes / No | Updated: / /  |
| Power of Attorney | Yes / No | General | Financial | Medical |

**Do you have an existing Self Managed Superannuation Fund? Yes / No**

**If Yes:**

|  |
| --- |
| ***Name of SMSF:*** |
| ***Trustee Structure: Corporate / Individual*** |
| **Trustees / Directors (if applicable)** | ***Members*** | ***Member Balance ($)*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | ***Total SMSF Balance*** |  |

***Industry/Retail Superannuation***

|  |  |  |  |
| --- | --- | --- | --- |
| **Superannuation Fund** | ***Total Balance ($)*** | ***Taxable Component*** | ***Tax-Free Component*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Superannuation Balance*** |  |  |  |

***Contributions***

|  |  |
| --- | --- |
| **Previous Contributions Made** | **Amount ($)** |
| Total amount of non-concessional contributions made in the past 12 months  |   |
| Total amount of non-concessional contributions made in the past 3 years |   |
| Total amount of concessional contributions made in the past 12 months |   |

***Contribution sources***

|  |  |
| --- | --- |
| ***Source of funds*** | ***Amount ($)*** |
| Estimated company profit at 30 June  |  |
| Surplus income over expenses |  |
| Expected bonus remuneration |  |
| Surplus liquid assets |  |
| Sale of assets |  |
| **Total funds available for contribution** |  |

***Non-Superannuation Assets***

|  |  |
| --- | --- |
| **Asset Type** | **Value** |
| Bank Accounts |   |
| Term Deposits |   |
| Managed Funds |   |
| Shares – Listed |   |
| Shares – Unlisted |   |
| Direct Property – Residential |   |
| Direct Property – Business |   |
| Collectibles |   |
| Other |   |
|   |   |
|   |   |
| **Total Non-Superannuation Assets** | $ |

***Liabilities***

|  |  |
| --- | --- |
| **Liability Type** | **Value** |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **Total Non-Superannuation Liabilities** | $ |

***Personal Insurance***

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Type** | ***Total Cover*** | ***Annual Premium*** | ***Inside Super?*** ***Y/N*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Risk Profile***

*Please circle or highlight the answer most appropriate to your situation.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How many years until you reach retirement?** | 16 or more | 11-15 | 6-10 | 3-5 | 1-2 | Now |
| **Are you concerned about the rising cost of living over time** | Want growth in my investments to cover this | Very concerned | Concerned | More concerned with having stable investments | Not concerned | I’m unsure of what this means |
| **What is your investment experience?** | Very experienced | Experienced | Some experience | Little experience | No experience | Bad experience |
| **Would you prefer to reduce your retirement expectations or take more investment risk to achieve your retirement goals** | Take more risk | Reduce expectations |
| **Would you prefer fixed return investments or ride with the market?** | Ride with the market | Fixed returns |
| **Will you make regular contributions?** | Yes | No |

***Other information***

*Is there anything else we should know to assist in our analysis of your superannuation fund needs?*

|  |
| --- |
|  |

#### Overall Goals & Objectives

*What are you wanting to achieve in seeking advice? e.g. more control over superannuation investments; invest in property within super etc.*

*Please prioritise your listed goals and objectives – 1 being the most important to you.*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

#### Area/s of advice requested

* Establishment of an SMSF
* Borrowing to invest (Limited Recourse Borrowing Arrangement)
* Making contribution to superannuation
* Establishing a pension for retirement
* Establishing a pension in the lead-up to retirement
* Restructuring superannuation components for estate planning purposes
* Winding up an SMSF – move to another super fund
* Winding up an SMSF – withdrawal of money from superannuation
* Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Declaration and Authority

* In providing the information in this document I/we give permission for an analysis of my/our overall position, and request a recommendation as per the outlined “Areas of advice requested”
* I/We confirm that the information provided is correct as I/we understand it and that any recommendations made based on incomplete data may not be appropriate for my/our needs.
* I/We understand that a fee will be charged to cover the time spent in analysis of the situation and for the collation of a report prepared as a Statement of Advice. I/We understand that this fee is payable whether or not I/we decide to proceed with the recommendations made.
* I/We understand that the fee payable will be $ (including GST).

|  |  |  |
| --- | --- | --- |
| ***Signed:*** |  |  |
| Proposed Member / Client Name |  | Date |
| Proposed Member / Client Name |  | Date |
| Proposed Member / Client Name |  | Date |
| Proposed Member / Client Name |  | Date |