

## CLIENT FACT FIND

This Fact Find has been designed to help gather some information about you and your circumstances including your personal and financial information and your goals and objectives. We will then use the details you provide, together with discussions we have had with you to develop a strategy that is tailored to your needs.

You are seeking limited advice in relation to the following:

(Please select from the following options)

- The establishment of a new SMSF
- Commencement of an income stream
- The purchase of a property using a Limited Recourse Borrowing facility (LRBA) within your SMSF
- Maximise your superannuation contributions and minimise tax
- I wish to restructure my existing pension/s in order to meet the \$1.6 million transfer balance cap regulations

Fund Name: \_\_\_\_\_

Corporate Trustee: \_\_\_\_\_

Company ACN: \_\_\_\_\_

Directors / Individuals Trustees:

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

The nature of personal information we collect, and where it comes from, will vary according to the specific service we provide to you and may include:

- Fact finder document and member statements, with such personal information including though not limited to name, address, telephone number, occupation, assets and income.

We will only collect personal information necessary for the requested service/s. These purposes may include:

- Understanding your goals and objectives to allow us to provide you advice;
- Meeting legal and regulatory requirements; and
- Responding to your enquiries about applications, accounts or services.

Should you wish to discuss concerns or obtain further information, contact us on the details below:

Name: Robert Jackson

Business: SMSF Works

Phone: 03 8602 4100 Email: [robj@smsfworks.com.au](mailto:robj@smsfworks.com.au) Website: [www.smsfworks.com.au](http://www.smsfworks.com.au)

## Personal Details

	Client	Partner
Title		
Surname		
Given name		
Middle Name		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged
Health		
Date of Birth	____/____/____	____/____/____
Place of Birth		
Residential Address	State:                      Postcode:	State:                      Postcode:
Centrelink Do you hold a Commonwealth Seniors Healthcare Card? If yes, date of issue Are you in receipt of Centrelink Income?	Yes / No Yes / No ____/____/____ Yes / No	Yes / No Yes / No ____/____/____ Yes / No

## Contact Details

Client	Partner
Phone :	Phone :
Email :	Email :

## Children / Dependants

Names	Date of Birth	Financially Dependent?	Dependent until Age

Do any of your dependants suffer from a particular illness or have any disabilities? \_\_\_\_\_

## Occupation

Occupation	Client	Partner
Your Occupation		
Employment Status		

## Income Details

Income details	Client (\$)	Frequency	Partner (\$)	Frequency
Gross Salary/Wages		<i>Per Annum</i>		<i>Per Annum</i>
Business income		<i>Per Annum</i>		<i>Per Annum</i>
Super Pension		<i>Per Annum</i>		<i>Per Annum</i>
Social Security/Centrelink		<i>Per Annum</i>		<i>Per Annum</i>
Investment Income		<i>Per Annum</i>		<i>Per Annum</i>
Rental Income		<i>Per Annum</i>		<i>Per Annum</i>
Other Income		<i>Per Annum</i>		<i>Per Annum</i>

## Contribution Details

Member	Type of Contribution	Value (\$)	Financial Year

## Assets and Liabilities

### Personal assets & liabilities

Asset		Owner	Value (\$)	Liability		Type	Value (\$)
1	Principal residence			1	Home loan		
2	Contents			2			
3	Vehicle			3	Car finance		
4	Vehicle			4	Car finance		
5	Everyday bank account			5	Credit card		
6				6			
7				7			
8				8			
<b>TOTAL ASSET VALUE</b>			<b>\$</b>	<b>TOTAL LIABILITIES</b>			<b>\$</b>

### Investment assets & liabilities

Asset		Owner	Value (\$)	Liability		Type	Value (\$)
1	Cash			1	Investment loan		
2	Property			2			
3	Shares			3			
4	Managed investments			4			
5				5			
6				6			
7				7			
8				8			
<b>TOTAL ASSET VALUE</b>			<b>\$</b>	<b>TOTAL LIABILITIES</b>			<b>\$</b>

## Existing Superannuation

Superannuation Provider	Member A/c	A/c Balance	Income Stream?	Tax Free %
1		\$	Yes <input type="checkbox"/>	
2		\$	Yes <input type="checkbox"/>	
3		\$	Yes <input type="checkbox"/>	
4		\$	Yes <input type="checkbox"/>	
5		\$	Yes <input type="checkbox"/>	
6		\$	Yes <input type="checkbox"/>	
<b>TOTAL ASSET VALUE</b>		<b>\$</b>		

### Please provide the following current SMSF information (if applicable)

SMSF balance sheet / accounts *Provided?* Yes  No

SMSF Funds income tax return *Provided?* Yes  No

Member statements *Provided?* Yes  No

Details of unrealized / accrued capital gains *Provided?* Yes  No

Details of funds net carry forward losses *Provided?* Yes  No

Copy of current trust deed *Provided?* Yes  No

Copies of existing pension documents *Provided?* Yes  No

### ***Proposed property purchase***

<b>Address</b>	
<b>Purchase Price</b>	\$
<b>Estimated Rent</b>	\$
<b>Estimated Expenses</b>	\$
<b>Annual Loan Repayments</b>	\$

### ***Additional Support***

Once the SMSF has been established, would you like to receive assistance in relation to the drafting of your Investment Strategy?

Yes  No

Would you like to receive assistance / advice in relation to your investment decisions?

Yes  No

## Risk Insurance Details

(Life Insurance / Total and Permanent Disability / Trauma / Income Protection)

Type of Cover (e.g. Life, TPD)	Insurer	Owner	Person Insured	Amount Covered	Annual Premium

### PLEASE NOTE:

***Please note that if you are looking to rollover existing superannuation benefits, particular attention should be given to your current levels of risk insurance within your superannuation fund.***

***Once you action a rollover your existing insurances within your fund will cease. It is imperative that you consider your insured position before you action any transfers in relation to your existing superannuation benefits.***

Would you like to receive assistance / advice in relation to your risk insurance requirements?

Yes  No

## **Financial Goals and Objectives**

Which of the following do you wish to achieve from your financial strategies?

### **The establishment of a new SMSF**

- I wish to have greater control over the investments made by my super fund
- I wish to acquire direct investments i.e. direct property and shares
- I wish to reduce the annual administration fees of my superannuation account
- I may wish to borrow to acquire direct property once the SMSF has been established

### **Commencement of an income stream**

- I wish to make my superannuation more tax effective
- I wish to access my superannuation
- I wish to generate annual income of \$ \_\_\_\_\_
- I wish for my income stream to be reversionary to my spouse
- I wish to commute my existing Transition into Retirement Pension (TRIS) to obtain transitional CGT relief
- I wish to restructure my existing pension/s in order to meet the \$1.6 million transfer balance cap regulations.

### **The purchase of a property using a Limited Recourse Borrowing facility (LRBA)**

- I wish to borrow to fund the purchase of an investment property

### **Maximise superannuation contributions and minimize tax**

- I wish to maximize my annual superannuation contributions
- I wish to minimize tax where possible

### **Other:**

- Please specify:

### **NOTES**



## Estate Planning

ESTATE	Client	Partner
Do you have a current will(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Date of Will	Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>
Date last reviewed	Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>
Executor(s)	Unsure <input type="checkbox"/>	Unsure <input type="checkbox"/>
Have you granted anyone your power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Enduring of Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

## Professional Advisers

PROFESSIONAL ADVISERS	Name	Firm	Phone
Accountant			
Solicitor			
Stockbroker			

**CLIENT DECLARATION**

I/we confirm that the limited details provided to SMSF Works for the objective that has been stated are correct and current at this time. I/we do not require SMSF Works to make any investigation or recommendation in relation to any other financial affairs and I/we understand that any strategy or recommendation made by SMSF Works will be based on the limited details provided to them.

I/we acknowledge that the selection of specific products to implement the strategies recommended is my/our choice or I/we will seek assistance from the individual organization to which SMSF Works has referred me/us.

I/we confirm that I/we am/are seeking only limited advice. I/we do not require SMSF Works to make any investigation or recommendation in relation to any other of my/our financial affairs and I/we understand that any strategy or recommendation made by SMSF Works will be based on the details I/we have provided. I/we confirm that before I/we proceed with the implementation of any strategy or recommendation I/we will carefully assess the appropriateness of the recommendation in light of my/our individual investment objectives, financial situation and particular needs.

I/we understand SMSF Works can provide strategies and recommendations in their capacity as the holder of an Australian Financial Services License. The capacity in which SMSF Works acts has been clearly explained to me.

**SIGNATURES**

**Client** (Please print):

**Partner** (Please print):

Signature:

Signature:

Date: \_\_ / \_\_ / \_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_

## NOTES