

# Self Managed Super Fund Fact Find

SMSF Name: \_\_\_\_\_

Adviser Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

# Contents

Personal Details	3
How Important Is?	13
Disclosure & Authority to Prepare Advice Document	16
Letter Of Authority to Seek Information	17

## Privacy Statement

### Private and Confidential

#### Important Notice

**B**efore we are able to provide any financial or credit service, your adviser must collect and hold personal information relevant to your personal and financial situation, your personal and financial needs and objectives, and the service to be provided. The information requested in this Fact Find will be used for this purpose.

This Fact Find will ideally be completed by you prior to our meeting. This will help us to understand your overall position and goals, and to focus on the things that are important to you during our meeting.

Failure to provide accurate, complete and up-to-date information may result in your adviser giving advice or providing a service that may be inappropriate and/or not in your best interest. As a consequence you may lose the right to seek compensation from your adviser and/or Infocus for any loss you may suffer.

To provide the best possible service to you we will, from time to time use personal information provided by you to inform you of products and services which may be of interest to you unless you tell us not to.

#### Your Privacy

Your adviser and Infocus are committed to maintaining the privacy of your personal information at all times. We collect and hold personal information for the purpose of providing the services you have requested from us and to allow us to meet our obligations under the law. Your adviser, Infocus and our associated entities adhere to the Australian Privacy Principles.

Our privacy policy sets out a range of information that allows you to understand the kinds of information we collect and hold; how that information is collected and held and the purpose for which we collect, hold, use and disclose that information including if that disclosure is made in a foreign country. The policy also sets out how you can access and correct the information we hold. It also includes information on how to make a complaint if things go wrong and how we will address your issues.

Our standard practice is to deliver a copy of our current privacy policy in every case before we provide a service and when this is updated. It is also available here <http://www.infocus.com.au/privacy-policy> Feel free to contact your adviser or our Privacy Officer if you have any questions.

#### Privacy Officer

Post PO Box 1856 Sunshine Plaza 4558

Phone **07 5458 9400**

Email **ProfessionalStandards@Infocus.com.au**

# Personal Details

## Contact Details

Principal Contact Name:

Address:

Telephone & Email:

Secondary contact name:

Address:

Telephone & Email:

Name or person who does banking/investment purchases, etc

Address:

Telephone & Email:

Name or person responsible for holding records:

Where are the records located?

## Members / Trustees of Super Fund

	Member One (M1)	Member Two (M2)	Member Three (M3)	Member Four (M4)
Full name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male / Female:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State & Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aust resident?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current health:	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor

## Where a company will be acting as Trustee of the fund, please complete below:

Full Company Name:

ACN / ABN:

Registered Office Address:

(address line 2)

Name of Approved Trustee

(if small APRA Fund):

## Member / Trustee Details

Is it anticipated that the Fund will have more than 4 members?

Yes  No

Are there any Trustees being remunerated for their services as Trustees?

Yes  No

Are any members or directors of the Trustee Company employees of each other and not related?

Yes  No

If yes, please provide details:

Are any of the members minors?

Yes  No

If yes, who is their Trustee representative?

Are any of the members under a Legal Disability?

Yes  No

If yes, who is their Legal Personal Representative?

Have any of the Trustees or Directors of the Trustee Company been insolvent (bankrupt), convicted at any time of a dishonest conduct offence or been subject to a civil penalty order under SIS?

Yes  No

Who holds the SMSF register?

## Professional Advisers

Authority to contact

Accountant's name:

Yes  No

Accountant's address:

Administrator's name:

Yes  No

Administrator's address:

Broker's name:

Yes  No

Broker's address:

Solicitor's name:

Yes  No

Solicitor's address:

Fund Regulator:

ATO  APRA

Is the fund complying?

Yes  No

If no, please explain:

Copy of latest financial statements / tax return held:

Yes  No

## Trust Deed

Who prepared your Trust Deed?

Date Trust Deed was updated:

Does the Trust Deed allow:

Lump Sums   
  Pensions   
  Both   
  Instalment Warrants   
  Insurance

Please provide details of income streams allowed (eg account based pensions, allocated pensions, term pensions, lifetime pensions, life expectancy pensions etc):

How can death benefits be paid?

Lump Sums   
  Pensions   
  Both

Please provide details of death benefit income streams allowed (eg account based pensions, term pensions, lifetime pensions, life expectancy pensions etc):

Does the Trust Deed preclude any investment options due to environmental, social, ethical or other considerations:

Yes   
  No

Please provide details if appropriate:

Copy of Trust Deed held:

Yes   
  No

## Current Entitlements

	Balance Date	Accumulation Account Balance	Pension Account Balance	Type of Pension (and date commenced if applicable)
Member 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reserve:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reserve:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reserve:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reserve:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Existing Individual Component Structure

	Member One		Member Two		Member Three		Member Four	
	Accumulation	Pension	Accumulation	Pension	Accumulation	Pension	Accumulation	Pension
Tax free:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Element Taxed:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Element Untaxed:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any Unrestricted / Non- preserved?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Member One		Member Two		Member Three		Member Four	
	\$	Date	\$	Date	\$	Date	\$	Date
Contributions made using CGT Retirement Exemption Or	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Small Business 15 year Exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you triggered the "bring forward" provisions in the last 2 years?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Member One		Member Two		Member Three		Member Four	
	\$	Date	\$	Date	\$	Date	\$	Date
If yes:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Show all non-concessional contributions since the trigger:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Goals & Objectives

Please list your reasons for seeking financial advice below and number the priority of your goals from number 1 being the most important to you.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Estate Planning – Current Member Insurance

	Member One	Member Two	Member Three	Member Four
Cover Type 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cover \$:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Renewal date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cover Type 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cover \$:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Renewal date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Super Fund currently claim a tax deduction for insurance premiums?  Yes  No

Has the Super Fund ever claimed a tax deduction for insurance premiums?  Yes  No

## Death Benefit Payment Details – Members in Accumulation Phase

Does the Trust Deed allow for Binding Nominations to be made?  Yes  No

	Member One	Member Two	Member Three	Member Four
Nominated Beneficiary 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Nominated Beneficiary 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Nominated Beneficiary 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Valid Binding Nomination:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Type of payment:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Properly witnessed:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Expiry date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Trust Deed allow for non-expiring Binding Nominations?  Yes  No

## Death Benefit Payment Details – Members in Pension Phase

Does the Trust Deed allow for reversionary beneficiaries to be made?

Yes  No

	Member One	Member Two	Member Three	Member Four
Reversionary Beneficiaries:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Automatic/Discretionary:	<input type="radio"/> Auto <input type="radio"/> Disc	<input type="radio"/> Auto <input type="radio"/> Disc	<input type="radio"/> Auto <input type="radio"/> Disc	<input type="radio"/> Auto <input type="radio"/> Disc

On the death of a reversionary pensioner, where does the Trust Deed state the residual proceeds must be paid to?

Is a reversionary pensioner able to commute and rollover the proceeds of their Account Based Pension?



## Existing Investments

	Member One	Member Two	Member Three	Member Four
Investment type and name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current value:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current no. of units / shares:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner (if assets are segregated):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Return Percentage:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated income per annum:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maturity amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In house asset:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment type and name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current value:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current no. of units / shares:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner (if assets are segregated):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Return Percentage:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated income per annum:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maturity amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-house asset:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details where assets are segregated:

Does the SMSF own more than 20% of the issued units of any Unit Trust?

Yes  No

Is a risk management statement required?

Yes  No

Special Income includes distributions from all Discretionary Trusts and excessive income from private company dividends and non-arm's length transactions, including trust income.

Do any of the above investments generate special income?

Yes  No

If yes, please provide details:

Does the fund have any borrowings in place?

Yes  No

If yes, please provide details including Name of Bare Trust: Copy of Trust Deed attached:

Yes  No

Past Capital Losses carried forward:

What is the overall percentage of in-house assets?

Do all current assets meet the sole purpose test?

Yes  No

Please detail any transitional arrangements available for in-house assets, and add any other comments:

Have you addressed the issue of adequate fire and general insurance over your assets (eg collectables, real estate)?

Details:

Yes  No

## Contributions – Expected Member Contributions

	Member One	Member Two	Member Three	Member Four
Employment Status:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contribution Type:**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount TFY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount YTD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contribution Type:**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount TFY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount YTD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*F= Full Time P= Part Time (30 hours/week) C= Casual (average 10 hours/week)

\*\* eg: own self employed, non-concessional, spouse contributions, salary sacrifice, in specie, CGT, etc.

## Other Existing Super Funds

Accumulation	Member One	Member Two	Member Three	Member Four
Super fund name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of benefit:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Balance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Effective Date of Balance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details of Insurance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Continuation Option Avail:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tax Free:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxed Element:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Untaxed Element:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exit Penalty?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Details of lost benefits:	<input type="text"/>			

## Pension Payments

Balance:	Member One	Member Two	Member Three	Member Four
*Pension 1 Type:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Frequency:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected Increments (pa):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Pension 2 Type:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Frequency:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected Increments (pa):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Pension Type, eg Account Based, Lifetime, Term, Excess)

## Current Liabilities

Liability Type	Liability Name	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$

## Other Current Liabilities / Details

Anticipated tax liability:

Anticipated accounting expenses:

Anticipated audit expenses:

Funds required to meet current liabilities:

Date of last Actuarial Report:

Period covered by Actuarial Report:

Date of last Audit:

Period covered by Audit:

Frequency of Audit:

## Investment Strategy

Does the fund have an investment strategy?

Yes  No

If yes, please provide a copy.

Copy Attached?

Yes  No

Do you wish to review your investment strategy?

Yes  No

Do members have a choice of strategy (options)?

Yes  No

If yes, what is the default option?

Is the investment portfolio in accord with the investment strategy(s)?

Yes  No

Comments:

# How important is?

Please rank in order of priority

	No Preference	Not Important	Important	Very Important	Priority
Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capital growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflation protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centrelink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxation benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability to access your adviser on a regular basis and in case of need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being debt free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Borrowing to invest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generating a regular income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning for / fund your retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a sum insured that does not automatically reduce as you age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding insurance compared to retirement savings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it that you have the ability to pay for financial services from a product?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is security ie investing in cash compared to a unitised cash fund?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is daily unit pricing and valuation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is 24 Hour access to fund valuation and reporting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is online access to portfolio information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is consolidated reporting – dealing with only one administration service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active portfolio management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversification and the ability to have diversification across management styles as well as asset classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investing in a way that takes advantage of current market and other economic conditions across the entire portfolio even if this means a small additional cost?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saving costs on funds management and simply track market performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being actively involved in all portfolio decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Investment and Financial Concerns

We need to be able to understand your attitude to risk in relation to potential returns in order to make appropriate recommendations. Put simply, risk is the extent to which you are willing to expose your initial investment to possible losses for the advantage of greater possible gains.

Generally speaking, the higher the potential return, the higher the potential risk. For example, shares and property give you a potentially higher return over a longer period, but have higher risk. Investments which pay you interest only have a low risk, but usually a lower return over a longer period. Having a mixture of these investments should give you a medium risk and return over the long term.

In order to determine the type of portfolio that will best suit your needs, we have provided you with a separate 'Risk Profile Questionnaire' to determine your personal Risk Profile.

Risk Profile, based on the questionnaire provided is:

	Risk Profile	Signature
Member 1*:	<input type="text"/>	<input type="text"/>
Member 2*:	<input type="text"/>	<input type="text"/>
Member 3*:	<input type="text"/>	<input type="text"/>
Member 4*:	<input type="text"/>	<input type="text"/>

\* Please attach a Risk Profile Questionnaire for each member

Are there any particular products or financial institutions that you prefer?  Yes  No

If yes, provide details:

Are there any particular products or financial institutions that you do not wish to support?  Yes  No

If yes, provide details:

Are you prepared to split assets to increase your tax effectiveness?  Yes  No

Have you ever previously borrowed funds for investment purposes?  Yes  No

If yes, provide details:

Are you comfortable with the concept of borrowing money to invest in order to build long term growth?  Yes  No

Do you have a preference to invest in environmental, social or ethical investments?  Yes  No

If yes, provide details:

## Your Retirement Needs

	Member One	Member Two	Member Three	Member Four
Desired retirement age:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual income required (today's dollars):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At what age would you accept a reduction of income:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What would be the new level of income from this stage?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How long do you require your income to last?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Would you be prepared to access the equity in your home to fund your retirement? (circle)	Yes    No	Yes    No	Yes    No	Yes    No

## Knowledge of Financial Matters

	Member One	Member Two	Member Three	Member Four
Experience with financial products and in particular, managed investments	<input type="radio"/> Good	<input type="radio"/> Good	<input type="radio"/> Good	<input type="radio"/> Good
	<input type="radio"/> Fair	<input type="radio"/> Fair	<input type="radio"/> Fair	<input type="radio"/> Fair
	<input type="radio"/> Unfamiliar	<input type="radio"/> Unfamiliar	<input type="radio"/> Unfamiliar	<input type="radio"/> Unfamiliar
Your ability to understand financial terms and to express your preference	<input type="radio"/> Good	<input type="radio"/> Good	<input type="radio"/> Good	<input type="radio"/> Good
	<input type="radio"/> Fair	<input type="radio"/> Fair	<input type="radio"/> Fair	<input type="radio"/> Fair
	<input type="radio"/> Unfamiliar	<input type="radio"/> Unfamiliar	<input type="radio"/> Unfamiliar	<input type="radio"/> Unfamiliar

# Disclosures & Authority to Prepare Advice Document

Client One

Client Two

1. The information provided in this Fact Find accurately documents my/our relevant personal circumstances and attitude to risk and return. I am/We are not aware of any other material information relevant to the provision of financial product or strategy advice and understand that this information is the basis on which my/our financial adviser and their associated Australian Financial Services Licensee (AFS Licensee) will provide advice.

Yes  No

Yes  No

2. I/We have received, read and understood my/our financial advisers and their associates AFS Licensee's Financial Services Guide (FSG) version , SFSG version  and FSG Fee Insert version  provided on  /  / .

Yes  No

Yes  No

3. Unless I/we have specifically requested otherwise, I/we confirm and consent to the collection, use and disclosure of my/our personal information in accordance with the procedures outlined in my financial adviser's AFS Licensee's Privacy Policy (which is available to me/us on request or by logging on to their website). I/We acknowledge and accept the Privacy Statement on Page 2 of this Confidential Fact Find.

Yes  No

Yes  No

4. I/We wish to be placed on the "No Contact/ No Call" register which entitles me/us not to be contacted regarding any financial products without my/our express consent, unless I/we specifically request otherwise. Note, if you select YES, this means you are unable to be contacted by your financial adviser about alternative products and services that may benefit you.

Yes  No

Yes  No

## 5. Tax File Number Authority

I/We agree to the collection and retention of my/our Tax File Number/s ('TFN/s') by my/our financial adviser and their associated Australian Financial Services Licensee (AFS Licensee).

I/We understand that it will be used in connection with providing financial product and strategy advice and only in accordance with the legislative requirements (e.g. relevant taxation and superannuation laws). I/We understand that my/our financial planner and their associated AFS Licensee may provide my/our TFN/s to relevant financial institutions (e.g. life insurance companies and fund managers) and Government bodies (e.g. Australian Taxation Office and Centrelink) as required and only in accordance with the law, unless I/we specifically request otherwise in writing.

I/We understand that I/we do not have to supply my/our TFN/s and that it is not an offence not to do so. I/We further understand that if I/we choose not to supply my/our TFN/s, I/we may be taxed at a higher marginal rate than if I/we had supplied my/our TFN/s.

I/We understand that my/our TFN/s will be stored and treated as confidential and that my/our financial planner and their associated AFS Licensee will take all reasonable steps to prevent the loss, disclosure and/or misuse of my/our TFN/s by third parties.

SMSF Tax File Number:

## 6. Preparation of Advice document

I/We request that Infocus prepares an Advice document following my/our initial discussions and on confirming the subject matter of our advice to be;

I/We agree that I/we will pay: \$  per hour OR \$  (set fee) for the preparation and presentation of the Advice document, payable on presentation of the Advice document.

Trustee Name  Signature  Date  /  /

Trustee Name  Signature  Date  /  /

Trustee Name  Signature  Date  /  /

Trustee Name  Signature  Date  /  /

Corporate Trustee Name  Signature  Date  /  /

Adviser Name  Signature  Date  /  /



# Letter Of Authority to Seek Information

Date:

Client Name:

Address:

Dear Sir/Madam,

Investment Name:

SRN / HIN / A/C #:

Please be advised I hereby authorise the following Financial Planner to make enquiries on my behalf in relation to my personal financial information.

Adviser Name:

Of (office):

An authorised representative of Infocus Securities Australia Pty Ltd ABN 47 097 797 049 AFSL / ACL No 236523

Address:

Phone:

Fax:

Email:

AR Number:

Should you have any further queries, please contact my Planner on the details mentioned above.

Yours sincerely,

(Name)

(Signature)

# Notification and Authorisation

## In Respect Of:

Client 1 Name:	<input type="text"/>	Client 2 Name:	<input type="text"/>
Client 1 DOB:	<input type="text"/>	Client 2 DOB:	<input type="text"/>
No & Street or PO Box Number:	<input type="text"/>	No & Street or PO Box Number:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Suburb / Town:	<input type="text"/>	Suburb / Town:	<input type="text"/>
State & Postcode:	<input type="text"/>	State & Postcode:	<input type="text"/>
	<input type="text"/>		<input type="text"/>

To whom it may concern,

I request that all relevant information on our investments, insurances, superannuation, bank accounts or other financial, family, business, trust or estate information be released by platform, product provider or other provider / professional to staff of Infocus Money Management (ABN 47 097 797 049), on request.

The Adviser's address and contact number are as follows:

Office:

Address:

Phone:  Fax:  Email:

Please also accept a photocopy or facsimile of this letter as authority, as the original will stay on file at the above mentioned office. This authority shall remain in force for 365 days unless otherwise revoked.

Client 1 Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Client 2 Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

## Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**Infocus Wealth Management  
Group Head Office**  
Level 2, Cnr Maroochydore Rd & Evans St  
MAROOCHYDORE QLD 4558  
**Call 07 5458 9400**  
**[www.infocus.com.au](http://www.infocus.com.au)**

*Infocus Securities Australia Pty Ltd ABN 47 097 797 049 AFSL and Australian Credit Licence No. 236523 trading as Infocus Wealth Management*

**Contacting Infocus Wealth Management:**

To update your information, remove your name from our mailing list, access your information, or if you have an enquiry or complaint, please contact Infocus Head Office on 07 5458 9400 or write to: Infocus Wealth Management, PO Box 1856, SUNSHINE PLAZA QLD 4558.