



SMSF questionnaire

Private and confidential

This fact find questionnaire is designed to gather your personal financial information and goals. We use this fact find questionnaire, along with our discussions, to help develop a financial strategy that is tailored to your needs.

Fund name

Reasons for seeking advice

Important information

The Corporations Act requires that a financial adviser act in the best interest of their clients and provide appropriate advice. As such, financial advisers must make reasonable inquiries to determine a client's objectives, needs and circumstances. The information requested in this fact find and/or any subsequent occasion(s) is necessary to ensure the recommendation made or advice provided to you is appropriate to your needs.



Fund details

SMSF details

SMSF fund name

Trustee type Corporate Individual

Trustee name(s)

SMSF ABN

Registered for GST Yes No

Asset aggregation

Member details

	Member 1	Member 2	Member 3	Member 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>		<input type="text"/>	

Contact details

Please provide your contact details and tick your preferred communication channels.

	Trustee/Director	Trustee/Director
Postal address	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Home phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Mobile	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Email	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Receive documentation via email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Trust deed and fund compliance

Date of latest trust deed

Date of last audit

Outstanding compliance issues from the audit Yes No

Notes

Investment strategy

Existing investment strategy Yes No

Risk profile

Asset segregation Segregated Non-segregated

Date of latest investment strategy

Notes



Member goals

Please use M1 = Member 1, M2 = Member 2

Please include any goals that you want to work towards

Description	Owner	Amount	Target date	Priority (1-9) 1 = high 9 = low



Assets and liabilities

Financial assets

	Value	Notes
Cash	\$	
Term deposits	\$	
Share portfolio	\$	
Managed funds	\$	
Investment property 1	\$	
Investment property 2	\$	
	\$	
	\$	

Liabilities

Balance	Interest rate	Owner	Repayment amount	Repayment frequency
\$	%		\$	
\$	%		\$	
\$	%		\$	



Super and pensions

Super

	Fund 1	Fund 2	Fund 3
Owner			
Value	\$	\$	\$
Beneficiary type			

Pensions

	Fund 1	Fund 2	Fund 3
Owner			
Value	\$	\$	\$
Annual pension	\$	\$	\$
Beneficiary type			



Insurance

	Policy 1	Policy 2	Policy 3
Life insured			
Underwriter			
Policy number			
Life cover	\$	\$	\$
TPD cover	\$	\$	\$
Income protection monthly benefit	\$	\$	\$
Waiting period			
Benefit period			
Annual premium	\$	\$	\$
Any loadings, exclusions or special terms	\$	\$	\$



Other professional advisers

Type	Name	Contact number	Email address	Permission to contact
Accountant				<input type="checkbox"/> Yes <input type="checkbox"/> No
Solicitor				<input type="checkbox"/> Yes <input type="checkbox"/> No
Auditor				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



Acknowledgements

I confirm the following:

Director/Trustee declaration

I declare that the information provided in this fact find is complete and accurate to the best of my knowledge (except where I have indicated that I have chosen not to provide the information). I understand and acknowledge that if I do not fully or accurately complete the fact find, then any recommendation or advice given by my Consultum Authorised Representative may be inappropriate to my needs and that I risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs I have identified. I understand that if I do not provide all the requested information, my Consultum Authorised Representative may not be able to provide me with financial advice or other requested services or products.

If a Statement of Advice is prepared for my consideration, I acknowledge that it will be subject to the payment model outlined in the Adviser Profile provided by my Consultum Authorised Representative.

Privacy

I understand that my Consultum Authorised Representative may be required to collect my personal information under the *Corporations Act 2001* and/or the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

I have received and read the Consultum Financial Services Guide (FSG) and Adviser Profile and the contents have been explained to me.

I understand that my personal information will be used for the purpose of providing me with financial advice and for other purposes detailed in the FSG and Adviser Profile.

I am aware that my personal information will be handled in accordance with my Consultum Authorised Representative's Privacy Policy and I may obtain a copy of the Privacy Policy from my Consultum Authorised Representative.

I understand that, in connection with providing services to me, my personal information (such as, name, contact details and account information) may be disclosed to Consultum's related bodies corporate, to a person with whom I receive joint financial services, my financial and professional advisers, businesses that may have referred me to Consultum, service providers, credit unions, building societies, banks and other financial institutions. I understand that my personal information (including sensitive health information) may be disclosed to life companies to establish and maintain requested insurance.

I understand that if I have provided the personal information of other persons, it is my responsibility to inform those persons and to refer them to my Consultum Authorised Representative's Privacy Policy.

Electronic communication acceptance

Unless stated otherwise on page two, I understand that my Consultum Authorised Representative is required by law to provide us with Advice Documents and Product Disclosure Statements for each product and investment option that they recommend.

I confirm that I am willing and able to receive and access these documents in electronic format (including by email, web link or USB) and understand that I can keep a copy of these documents so that I may access them in the future.

I understand that paper documents can be provided free of charge on request.

Disclaimer: Consultum and/or your Consultum Authorised Representative will not be held accountable if the email address provided can be viewed and/or manipulated by multiple users. If at any time you believe your email address is insecure, please notify your financial adviser either in person or over the telephone.

No call/no contact

Please tick the box if you **DO NOT** want us to contact you without your expressed consent.

I understand that I may request that my Consultum Authorised Representative place me on a 'no call/no contact register' which means I will not be contacted regarding any financial products without my express consent, unless otherwise directed.

Member 1 Member 2

Financial adviser declaration

By signing below, I declare that I have provided you with a copy of the Consultum Financial Services Guide and Adviser Profile prior to making any financial product or strategy recommendations.

Signature

Date / /

Office use only

	Client 1	Client 2
Adviser profile version date	<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"/>
FSG version date	<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"/>
Date FSG was supplied to client	<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"/>

Option to Quote Tax File Number

Why are we collecting your TFN?

Your adviser (and their practice) is authorised under taxation and/or superannuation laws to collect your TFN to administer and/or implement our recommendations in line with the information below. Upon completion of use, your TFN will be removed/redacted from our records. You may choose to provide your TFN directly to the relevant body instead.

Why Investment and superannuation bodies ask for your TFN

It is not an offence if you choose not to provide your TFN to us. However, if you do not quote your TFN or exemption status to authorised bodies¹ (as applicable):

- Your investment income and concessional super contributions may be taxed at the highest marginal rate plus Medicare levy
- You may pay more tax on your super benefits than required (you may get a refund at the end of the financial year in your income tax assessment)
- Your super fund may be required to reject your personal after-tax contributions
- It may be difficult to find and consolidate your superannuation accounts
-

You may be exempt from the TFN quotation requirements

Some persons/entities are eligible to claim an exemption from quoting their TFN, if one of the following exemptions is applicable and is notified to the investment body:

- Persons receiving a qualifying pension/benefit – State type of pension/benefit received
- Children under the age of 16 (where the investment is NOT public company share/s and the income will be less than \$420 pa) - State age
- Entities not required to lodge income tax returns - State reason not required to lodge return
- Non-residents - State country of residence

Your election

I give my adviser (and their practice) permission to collect, use and disclose my TFN, or exemption status, in connection with the administration of my affairs, including with respect to my current or future investments. I authorise my adviser (and their practice) to share my TFN or exemption status with authorised bodies¹ or approved recipients, including the Australian Taxation Office, or other related bodies corporate to be used, but only as required to provide services and products to me.

I acknowledge that I have read and understood the information above and this authority will remain in force until cancelled by me in writing. If signing under Power of Attorney, I certify that I have not received notice of revocation of that Power.

	Director/Trustee 1	Director/Trustee 2
Signature	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Director/Trustee 3	Director/Trustee 4
Signature	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
My exemption status is (if applicable):		<input type="text"/>

¹ In the case of loans or deposits, financial institutions, governments and bodies corporate are 'investment bodies'. 'Investment bodies' also include managers of unit trusts, and companies. Superannuation trustees and approved deposit funds are authorised to collect TFNs under superannuation law. This is for purposes including paying out monies and identifying and consolidating superannuation benefits.

Adviser Warning: Please ensure the following section is removed/redacted prior to storage.



SMSF Tax File Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your client profile

Scope of advice

Adviser: Please ensure all sections of the fact find are completed. Do not leave any sections blank. If a question is not answered because the topic is not in scope, indicate as such on that page. If a question is relevant to the scope, and information has not been provided, explain why on the following pages. For all advice areas that are relevant and in scope, ensure the sub-advice areas are completed on the following pages.

SMSF

Sub-advice area	In/Out		If in, explain if: • will be limited, • any products are excluded, or • any information is missing	If out, explain: • reason for scoping out
Establishment	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Winding Down	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Investments	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Investment strategy	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Limited Recourse Borrowing Arrangement	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Cashflow management	<input type="checkbox"/> In	<input type="checkbox"/> Out		
Administration	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		
	<input type="checkbox"/> In	<input type="checkbox"/> Out		

Politically exposed persons (PEP)

	Client 1	Client 2
Is the client a politically exposed person?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
Date of PEP review	/ /	/ /
PEP category	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP	<input type="checkbox"/> Domestic PEP <input type="checkbox"/> Foreign PEP
PEP type	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP	<input type="checkbox"/> PEP <input type="checkbox"/> PEP associate <input type="checkbox"/> PEP close family <input type="checkbox"/> PEP related entity <input type="checkbox"/> Legal entity associated with PEP

Vulnerable clients

	Client 1	Client 2
Is the client vulnerable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Elderly <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> Elderly <input type="checkbox"/> Does not understand English <input type="checkbox"/> Exhibits a physical disability (eg blindness and/or hearing impairment) <input type="checkbox"/> Exhibits a mental impairment (eg dementia) <input type="checkbox"/> Has someone acting as a Power of Attorney, trustee or guardian <input type="checkbox"/> Financial abuse <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>

Additional information

Use this field to record details of your assessment of the client’s vulnerability status, or to capture any other relevant information.

Client 1	Client 2



Notes