

Self-Managed Super Fund Addendum

SMSF details

SMSF Fund Name	<input type="text"/>
Trustee Type	<input type="checkbox"/> Corporate <input type="checkbox"/> Individual
Trustee Name(s)	<input type="text"/>
SMSF TFN*	<input type="text"/>
SMSF ABN	<input type="text"/>
Is the fund registered for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal details

	Trustee/Director	Trustee/Director
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>
Preferred name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Taxable Income	<input type="text"/>	<input type="text"/>
Risk Profile	<input type="text"/>	<input type="text"/>
Any other super funds outside the SMSF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fund Structure/Details

	Member 1	Member 2
Accumulation		
Balance	<input type="text"/>	<input type="text"/>
	Taxable	Tax-Free
Accumulation Components	<input type="text"/>	<input type="text"/>
Beneficiary Nomination	<input type="text"/>	<input type="text"/>
Pension		
Balance	<input type="text"/>	<input type="text"/>
Pension Type	<input type="checkbox"/> Account based <input type="checkbox"/> Transition to Retirement	<input type="checkbox"/> Account based <input type="checkbox"/> Transition to Retirement
Annual Pension Payment	<input type="text"/>	<input type="text"/>
	Taxable	Tax-Free
Pension Components	<input type="text"/>	<input type="text"/>
Beneficiary Nomination	<input type="text"/>	<input type="text"/>
Exceeded Transfer Balance Cap (Adviser to Answer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance		
Life Cover Benefit	<input type="text"/>	<input type="text"/>
TPD Cover Benefit	<input type="text"/>	<input type="text"/>
Income Protection Benefit	<input type="text"/>	<input type="text"/>
Waiting Period	<input type="text"/>	<input type="text"/>
Benefit Period	<input type="text"/>	<input type="text"/>

Trust Deed and Fund Compliance

(Obtain a copy)

Date of latest Trust Deed

Date of last audit

Are there outstanding compliance issues from the audit?

Yes No

Notes

Investment Strategy

(Obtain a copy)

Does the fund have an existing investment strategy

Yes No

Segregated/
Non-Segregated

Date of latest investment strategy

Notes

Investment portfolio

Refer to attached Financial Statements

Owner	Investment name	Investment code	Units	Market value

Property

Refer to attached Financial Statements

Address	Cost base	Purchase Date	Rental income	Annual expenses	Valuation date	Current value
Total						

Liabilities

Refer to attached Financial Statements

Description	Deductible %	P&I/ Interest Only	Interest Rate	Repayment Amount	Outstanding Balance
				Total	

Superannuation Contributions History

Member	Financial Year	Non-Concessional contributions	Concessional contributions		Other contributions
			Employer/Salary Sacrifice	Personal	
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				
	2 0 / 2 0				

Professional advisers

Administration services

Name

Address

Phone number

Auditor

Name

Address

Phone number

Accountant

Name

Address

Phone number

Solicitor

Name

Address

Phone number

Acknowledgements

I confirm the following:

Client declaration

By completing and signing the declaration on the following page, I declare the following:

- I/We declare that the information provided in this fact find is complete and accurate to the best of my/our knowledge (except where I/we have indicated that I/we have chosen not to provide the information). I/We understand and acknowledge that by either, not fully or accurately completing the fact find, that any recommendation or advice given by my/our Lonsdale Authorised Representative may be inappropriate to my/our needs and that I/we risk making a financial commitment to a financial product or strategy that may be inappropriate for the needs I/we have identified. I/We also understand that if I/we do not provide all the requested information, my/our Lonsdale Authorised Representative may not be able to provide me/us with financial advice or other requested services or products.
- Please provide a Statement of Advice for my/our consideration. I/We understand that the preparation of the Statement of Advice will be subject to the payment model outlined in the planner profile provided by my/our Lonsdale Authorised Representative.

Privacy

- Any personal information provided in this fact find will be handled in accordance with Lonsdale's Privacy Policy, available at www.lonsdale.com.au/privacy.
- I/we understand that if I/we have provided the personal information to other persons, it is my/our responsibility to inform those persons and to refer them to Lonsdale's Privacy Policy.

Electronic communication acceptance

- Unless stated otherwise on page 2, I/we understand that Lonsdale and my/our Lonsdale 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/We confirm my/our acceptance that I/we am/are willing and able to receive and access these documents in electronic format.
- I/we understand that paper documents can be provided free of charge on request.

Disclaimer: Lonsdale and/or your Lonsdale 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 in either person or over the telephone.

No call/no contact

I/We wish to be placed on a 'no call/no contact register' which entitles me/us not to be contacted regarding any financial products without my/our express consent, unless otherwise directed.

TFN Authority

I agree to the collection and retention of the SMSF's Tax File Number (TFN) by my Lonsdale Authorised Representative and Lonsdale. I understand that the SMSF's TFN will be used in connection with providing me with financial product and strategy recommendations and only in accordance with legislative requirements (e.g., relevant taxation and superannuation laws).

Client 1 signature Date / /

Name (please print)

Tax file number - -

Client 2 signature Date / /

Name (please print)

Tax file number - -

Trustee/Director declaration

By signing the below, I confirm and agree to the above acknowledgements.

Trustee/Director signature Date / /

Print name

Trustee/Director signature Date / /

Print name

Authorised Representative declaration

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

Authorised Representative signature Date / /

Fact find completion checklist

Please tick the appropriate boxes after completing the fact find, but before the client(s) leave the interview.

- You have handed a copy of the FSG and planner profile to the client(s). Write the date given to client(s) and the FSG version number, on the cover page of the fact find.
- You have highlighted and explained the Lonsdale privacy policy (as outlined in the FSG) to the client(s).
- Client(s) has/have read and signed all the declarations.
- Did the client(s) refuse to supply any personal or financial information? YES – Please include the ‘incomplete info’ warning in the Statement of Advice.
- Ensure the services or scope of advice agreed with the client(s) has been documented.
- Did the client(s) tick the ‘no call/no contact’ box in the declarations section? YES – Ensure you flag the ‘no call/no contact’ field against the client(s) in XPLAN (admin/interests and marketing) and record on your register.
- Have you referred the client(s) to another specialist? YES – You must disclose your relationship with the person and any fees applicable that result from the referral.
- You have obtained a copy of the latest Trust Deed & Investment Strategy.
- Completed the “Identification Form Australian Regulated Trusts (including SMSFs)” http://www.ioof.com.au/product_list/aml