

Supplementary form – Self Managed Superannuation Fund (SMSF)

| | | | |
|-------------------|------|---|---|
| Financial Planner | Date | / | / |
| Client name(s) | | | |

This supplementary form must be accompanied by copies of the formal Investment strategy of the Fund and the Trust Deed.

| | | | |
|--|--|--|--|
| Fund name | | | |
| Contact name | | | |
| Fund TFN | | | |
| Trustee type | <input type="checkbox"/> Individuals | <input type="checkbox"/> Corporate | |
| Corporate Trustee name (if applicable) | | | |
| Corporate Trustee ABN/ACN (if applicable) | | | |
| Fund type | <input type="checkbox"/> ATO SMSF | <input type="checkbox"/> Small APRA fund (SAF) | <input type="checkbox"/> Non-complying |
| Current number of members | | | |
| Total Fund asset value: | \$ | | |
| Postal address | <input type="checkbox"/> Same as postal address in DCF | | |
| | State | Postcode | |
| Can this Fund pay a pension? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, state type | <input type="checkbox"/> Complying | <input type="checkbox"/> Account-based | <input type="checkbox"/> TTR |
| Date of fund establishment | / | / | |
| Date(s) of trust deed amendments | | | |
| Does the fund have an investment strategy? | <input type="checkbox"/> Yes – attach a copy <input type="checkbox"/> No - one must be recommended | | |
| Trustee/Director 1 | | Trustee/Director 2 | |
| Name | | | |
| Member of fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trustee declaration completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trustee/Director 3 | | Trustee/Director 4 | |
| Name | | | |
| Member of fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trustee declaration completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Administrator details (if applicable) | | | |
| Business name | | | |
| Contact name | | | |
| Phone number | | | |
| Accountant details (if applicable) | | | |
| Business name | | | |
| Contact name | | | |
| Phone number | | | |

Member details

| Member 1 | | |
|--|--|--|
| Title (e.g. Mr, Mrs) | | |
| Surname | | |
| Given name(s) | | |
| Preferred name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth DD/MM/YYYY | / / | / / |
| Is the member insured? | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No |
| Eligible service date | / / | / / |
| Accumulation Fund details | | Pension Fund details |
| Type | N/A | <input type="checkbox"/> Complying <input type="checkbox"/> Account-based <input type="checkbox"/> TTR |
| Member balance | \$ | \$ |
| Preserved component | \$ | N/A |
| Taxable component | \$ | \$ |
| Tax-free component | \$ | \$ |
| Regular concessional contributions | \$ p.a. | N/A |
| Regular non-concessional contributions | \$ p.a. | N/A |
| Beneficiaries | Name % | Name % |
| | Name % | Name % |
| Binding nomination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pension drawdown | \$ | pa |
| Member 2 | | |
| Title (e.g. Mr, Mrs) | | |
| Surname | | |
| Given name(s) | | |
| Preferred name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth DD/MM/YYYY | / / | / / |
| Is the member insured? | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No |
| Eligible service date | / / | / / |
| Accumulation Fund details | | Pension Fund details |
| Type | N/A | <input type="checkbox"/> Complying <input type="checkbox"/> Account-based <input type="checkbox"/> TTR |
| Member balance | \$ | \$ |
| Preserved component | \$ | N/A |
| Taxable component | \$ | \$ |
| Tax-free component | \$ | \$ |
| Regular concessional contributions | \$ p.a. | N/A |
| Regular non-concessional contributions | \$ p.a. | N/A |
| Beneficiaries | Name % | Name % |
| | Name % | Name % |
| Binding nomination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pension drawdown | \$ | pa |

Member 3

| | | |
|--------------------------|--|--|
| Title (e.g. Mr, Mrs) | | |
| Surname | | |
| Given name(s) | | |
| Preferred name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth DD/MM/YYYY | / / | / / |
| Is the member insured? | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No |
| Eligible service date | / / | / / |

Accumulation Fund details

Pension Fund details

| | | |
|--|--|--|
| Type | N/A | <input type="checkbox"/> Complying <input type="checkbox"/> Account-based <input type="checkbox"/> TTR |
| Member balance | \$ | \$ |
| Preserved component | \$ | N/A |
| Taxable component | \$ | \$ |
| Tax-free component | \$ | \$ |
| Regular concessional contributions | \$ p.a. | N/A |
| Regular non-concessional contributions | \$ p.a. | N/A |
| Beneficiaries | Name % | Name % |
| | Name % | Name % |
| Binding nomination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pension drawdown | \$ | pa |

Member 4

| | | |
|--------------------------|--|--|
| Title (e.g. Mr, Mrs) | | |
| Surname | | |
| Given name(s) | | |
| Preferred name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth DD/MM/YYYY | / / | / / |
| Is the member insured? | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No | <input type="checkbox"/> Yes - complete insurance supplementary form <input type="checkbox"/> No |
| Eligible service date | / / | / / |

Accumulation Fund details

Pension Fund details

| | | |
|--|--|--|
| Type | N/A | <input type="checkbox"/> Complying <input type="checkbox"/> Account-based <input type="checkbox"/> TTR |
| Member balance | \$ | \$ |
| Preserved component | \$ | N/A |
| Taxable component | \$ | \$ |
| Tax-free component | \$ | \$ |
| Regular concessional contributions | \$ p.a. | N/A |
| Regular non-concessional contributions | \$ p.a. | N/A |
| Beneficiaries | Name % | Name % |
| | Name % | Name % |
| Binding nomination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pension drawdown | \$ | pa |

Investment details

| Description | Current value | Purchase date | Cost base | Income (pa) | Expenses (pa) | Funded by borrowing? | Retain |
|--------------|---------------|---------------|-----------|-------------|---------------|--|--|
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | / / | \$ | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total | \$ | | \$ | \$ | \$ | | |

Liabilities

| Description | Balance | Int. rate | Repay. type | Loan term | Monthly repayment | Retain |
|--------------|---------|-----------|---|-----------|-------------------|--|
| | \$ | % | <input type="checkbox"/> PI <input type="checkbox"/> IO | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | % | <input type="checkbox"/> PI <input type="checkbox"/> IO | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | % | <input type="checkbox"/> PI <input type="checkbox"/> IO | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | % | <input type="checkbox"/> PI <input type="checkbox"/> IO | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | % | <input type="checkbox"/> PI <input type="checkbox"/> IO | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | \$ | % | <input type="checkbox"/> PI <input type="checkbox"/> IO | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total | \$ | | | | \$ | |

Cash flow

| Income | |
|--|--|
| Regular contributions | \$ |
| Interest/dividend/distribution income | \$ |
| Pension/annuity income | \$ |
| Net rental income | \$ |
| Other (specify) | \$ |
| Total income (before tax) | \$ |
| Less: Estimated tax and /or other deductions | -\$ |
| Net income | \$ |
| Expenses | |
| Benefits paid | \$ |
| Loan repayments | \$ |
| | \$ |
| Surplus/deficit | |
| Surplus/deficit (net combined income less total combined expenses) | \$ |
| Do you expect any changes to the fund's cash flow | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details | |