



VicSuper

# Fact Find

Personal Details

Financial planner:

Client/s:

Date of appointment:

Reference:

(office use only)

## 2 | VicSuper Fact Find: Personal Details

Prior to providing advice, we would like you to confirm the following:

- I/We acknowledge that we have received and read the VicSuper Financial Services Guide and VicSuper’s Privacy brochure (*personal information*).
- I/We acknowledge that our VicSuper financial planner has explained the basis on which they can provide advice including any fees that may be applicable.
- If I provide information about my partner and they have not signed below, I acknowledge that my partner has agreed to the provision of this information.
- For the purposes of the *Privacy Act 1988* (Commonwealth), I/we consent to the collection of sensitive information about me/us and I/we understand that if sensitive information is provided that I/we will receive a copy of VicSuper *Privacy brochure* (*sensitive information*).

Client 1 (signature):  Date:

Client 2 (signature):  Date:

### What are your main reasons for seeking advice?

- Becoming a member of VicSuper
- Contribution options within VicSuper
- Advice on consolidation/rollover of super accounts (excluding self-managed superannuation funds)
- Investment options within VicSuper
- Insurance options within VicSuper
- Retirement advice
- Transition to retirement advice options within VicSuper
- Death benefit nomination options within VicSuper
- Estate planning advice in relation to your VicSuper accounts
- Whether you are on track to meet your retirement goals
- Centrelink entitlements
- ESSSuper - Revised, New, Transport and SERB issues.

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## Personal details

	Client 1	Client 2
Title (circle)	Mr / Mrs / Ms / Miss / Dr	Mr / Mrs / Ms / Miss / Dr
Surname		
Given names		
Preferred name		
Residential address		Same as Client 1? Yes / No (specify)
Postal address	Same as above Yes / No (specify)	Same as Client 1? Yes / No (specify)
Phone: Home		
Work		
Mobile		
Email address		
Date of birth		
Age		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto/Partner <input type="checkbox"/> Separated	
Partner present?		Yes / No
Health for age	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Planner to complete - Health details - Life expectancy - Longevity of parents	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Private health cover	Yes / No	Yes / No
Do you have a current will?	Yes / No	Yes / No
Do you have a power of attorney?	Yes / No	Yes / No

## Dependant/s details

Children/other	Date of birth	Financial dependant Yes / No	If financial dependant - to what age?
1			
2			
3			

## Employment details:

	Client 1			Client 2		
Occupation type	<input type="checkbox"/> Employee	<input type="checkbox"/> Self -Employed		<input type="checkbox"/> Employee	<input type="checkbox"/> Self -Employed	
Employment Status	<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Retired			<input type="checkbox"/> Retired		
	<input type="checkbox"/> Unemployed			<input type="checkbox"/> Unemployed		
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____		
Occupation						
Employer						
Length of service						
Leave entitlements	Annual: _____ days	Long Service: _____ days	Sick: _____ days	Annual: _____ days	Long Service: _____ days	Sick: _____ days
Location						

## Income:

	Client 1	Client 2
Gross salary (pa)	\$ _____	\$ _____
Current salary sacrifice/personal deductible contributions	\$ _____ gross / fn / pa	\$ _____ gross / fn / pa
Superannuation guarantee contributions	_____ %	_____ %
Reportable Fringe Benefits	\$ _____	\$ _____
Other income (provide details)	\$ _____	\$ _____

## Expenditure:

Estimated net annual income needed to meet your ordinary living expenses? \$ \_\_\_\_\_ per annum

What is your net current savings capacity? \$ \_\_\_\_\_ per annum/per fortnight

## Personal (lifestyle) assets:

Assets	Owner	Value	Centrelink value
Family home	\$ _____	\$ _____	Not applicable
Contents	\$ _____	\$ _____	\$ _____
Vehicle 1	\$ _____	\$ _____	\$ _____
Vehicle 2	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

## Loans / Liabilities:

Loan type	Owner	Current debt	Repayment type (P & I, Interest only)	Current interest rate	Repayment amount and frequency	Expected repayment term/ date
Home mortgage		\$			\$	
Investment loan		\$			\$	
Personal loan		\$			\$	
Credit card/s		\$			\$	
		\$			\$	
		\$			\$	

Notes (eg include information if you are the guarantor for another loan)

## Investment assets (non-super):

### Cash and term deposits

Description	Owner	Interest rate % pa	Maturity date	Current value	As at	Use or Retain
				\$	___/___/___	
				\$	___/___/___	
				\$	___/___/___	
<b>Total</b>				<b>\$</b>		

### Direct shares, managed funds, insurance bonds

Description	Owner	Number of units / shares	Income / dividends pa	Franking level (%)	Estimated value	As at	Use or Retain
					\$	___/___/___	
					\$	___/___/___	
					\$	___/___/___	
<b>Total</b>					<b>\$</b>		

### Investment property

Description	Owner	Gross rent pa	Tax deductions pa	Estimated value	As at	Use or Retain
		\$	\$	\$	___/___/___	
		\$	\$	\$	___/___/___	
<b>Total</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>		

Notes (eg specify details of capital gains tax, intention for assets, dividend re-investment etc)

## Other Superannuation funds:

### A. Other superannuation funds (if applicable):

	Client 1	Client 2
Name of fund		
Member/account number		
Balance	\$	\$
Tax free component	\$	\$
As at (date)	_____/_____/_____	_____/_____/_____
Account balance as at last 30 June	\$	\$

	Client 1	Client 2
Name of fund		
Member/account number		
Balance	\$	\$
Tax free component	\$	\$
As at (date)	_____/_____/_____	_____/_____/_____
Account balance as at last 30 June	\$	\$

If you wish to receive consolidation/rollover advice, your financial planner requires an authority from you in order to provide advice on this issue.

Notes

### B. Defined benefits (if applicable):

	Client 1	Client 2
ESSSuper scheme: (please circle)	Revised / New / SERB / Transport Superable Salary \$ _____ pa	Revised / New / SERB / Transport Superable Salary \$ _____ pa
Contributions: (please tick)	<input type="checkbox"/> Pre tax (salary sacrifice) <input type="checkbox"/> Post tax (after tax) Contribution Rate _____ %	<input type="checkbox"/> Pre tax (salary sacrifice) <input type="checkbox"/> Post tax (after tax) Contribution Rate _____ %
Benefit quotes:	<input type="checkbox"/> Resignation (inc 54/11) <input type="checkbox"/> Retirement (select which applies) Pension \$ _____ pa Lump sum \$ _____	<input type="checkbox"/> Resignation (inc 54/11) <input type="checkbox"/> Retirement (select which applies) Pension \$ _____ pa Lump sum \$ _____
DB Vested Benefit as at last 30 June	\$	\$

Notes

**C. Contributions:**

What contributions have you and your employer made to all non-VicSuper funds over the past three financial years?

Please provide full details in the table including all super contributions eg salary sacrificing bonuses and super life insurance policies.

Client 1: Contribution type	Financial year		
	2017/18	2018/19	2019/20
Superannuation guarantee by my employer %			
Additional contributions by my employers \$			
Defined benefit contributions by my employer	Yes / No	Yes / No	Yes / No
Salary sacrifice or tax deductible contributions \$			
Lump sum and regular personal contributions \$			
Lump sum and regular spouse contributions \$			
Re-contribution strategies	Yes / No	Yes / No	Yes / No
Amount of personal contributions to be converted to tax deductible contributions \$			
The financial year in which the last bring forward rule has been triggered			

Client 2: Contribution type	Financial year		
	2017/18	2018/19	2019/20
Superannuation guarantee by my employer %			
Additional contributions by my employers \$			
Defined benefit contributions by my employer	Yes / No	Yes / No	Yes / No
Salary sacrifice or tax deductible contributions \$			
Lump sum and regular personal contributions \$			
Lump sum and regular spouse contributions \$			
Re-contribution strategies	Yes / No	Yes / No	Yes / No
Amount of personal contributions to be converted to tax deductible contributions \$			
The financial year in which the last bring forward rule has been triggered			

ATO Transfer Balance Cap	Client 1	Client 2
Current transfer balance	\$	\$
Highest transfer balance	\$	\$
Unused transfer cap proportion	%	%

Total Superannuation Balance as at previous 30 June	Client 1	Client 2
	\$	\$

**D. Current insurance details - External cover only**

Is it important that you and/or your dependants are provided for upon your death or disability?

Yes / No

Other personal insurance cover:

Company	Owner	Type of policy -super / life	Life cover	TPD cover	IP cover pm	Waiting period	Benefit period
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		

Notes (eg accidental death policies etc):

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**E. Other superannuation information**

Have you previously withdrawn monies from the superannuation environment?

Yes / No

(Where relevant a statement of benefits received should be obtained from the ATO)

Details:

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**F. Existing superannuation income streams (other than VicSuper):**

Account Based / Fixed Term / Lifetime	Client 1	Client 2
Name of fund		
Balance	\$	\$
Pension status	TTR/Retirement	TTR/Retirement
As at (date)	____/____/____	____/____/____
Income	\$ _____ pa	\$ _____ pa
Term remaining	_____ yrs	_____ yrs
Commenced	____/____/____	____/____/____
Deductible amt/tax free amt	\$	\$
Reversionary	Yes / No	Yes / No
RCV	\$ _____ / _____ %	\$ _____ / _____ %
CPI	Full/partial/no CPI	Full/partial/no CPI
Account balance/Annuity commutation value as at last 30 June	\$	\$

Defined benefit pension	Client 1	Client 2
ESSSuper / Other		
Current Income	\$ _____ pa	\$ _____ pa
Tax free amt	_____ %	_____ %
Commenced	____/____/____	____/____/____
Pension type	Taxable/Untaxed	Taxable/Untaxed



**G. Centrelink income:**

	Client 1	Client 2
Centrelink benefit	Age Pension / Disability Support Pension / Newstart / Carers Centrelink income \$ _____ pa	Age Pension / Disability Support Pension / Newstart / Carers Centrelink income \$ _____ pa
Date benefit commenced	_____/_____/_____	\$
Account based pension	Yes / No	Yes / No
Pre 1 January 2015 rules apply to account based pension	Yes / No	Yes / No

**Retirement objectives:**

Estimated retirement age/date

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

After my retirement/resignation, I plan to work for:

I plan to work for \_\_\_\_\_ years earning \$ \_\_\_\_\_ per annum

I am not planning to work after retirement

Would like to achieve an income of \$ \_\_\_\_\_ in retirement

an income of \$ \_\_\_\_\_ is essential to meet our basic needs in retirement

**Income and capital requirements:**

**Access to additional income and capital**

Access to capital/income	Amount	Comments/time frame (renovations, wedding, new car etc.)	Source of funds (savings, super, etc.)	Frequency	Until age
	\$				
	\$				
	\$				
	\$				
<i>eg new car</i>	<i>\$25,000</i>	<i>Within the next 5 years</i>	<i>Superannuation</i>		

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Call our Member Centre

**1300 366 216** and speak to a VicSuper superannuation consultant between 8.30am and 5pm, Monday to Friday

## Visit us

Ballarat | Bendigo | Blackburn | Geelong | Melbourne CBD | Traralgon

Monday to Friday  
8.30am to 5pm

To make an appointment to see a VicSuper financial planner call **1300 366 216**

## Send us a fax

03 9667 9610

## Write to us

VicSuper  
GPO Box 89  
Melbourne VIC 3001

## Browse our website

[vicsuper.com.au](http://vicsuper.com.au)

## Manage your account online

Simply visit our website to login

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