



Confidential Fact Finder

Corporate Superannuation Needs Analysis

Please read the important notice below

The Corporations Act requires that an adviser providing financial services advice must have reasonable grounds for providing that advice. This means that the adviser must conduct appropriate inquiries as to the investment objectives, financial situation and particular needs of the person concerned. The information requested in this form is necessary to enable a recommendation to be made on a reasonable basis and will be used for that purpose.

Please complete as much as you can. If you are unsure please leave it blank and we will assist you at our appointment.

Client Name/s: _____

Date: _____

Auth Rep's Name: ACCOUNTANTS.COM PTY LTD

Auth Rep's No: 323706

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Business name _____

Date _____

Business representative _____

Position _____

Interviewed by _____

BUSINESS AND SUPER INFORMATION

1. Employer's name	
2. Main contact's name and position	
3. Industry	
4. Location of head office	
5. Number of employees - Full time - Part time - Casual - Turn Over	
6. Occupational profile of employees - Executives - Middle management - Staff	
7. Current superannuation fund (type of fund and provider. Date fund started etc)	
8. Is the fund/s a defined benefit or accumulation fund?	
9. What are the assets and size of the fund/s?	
10. Annual contributions to the fund/s?	
11. Who is eligible to join the fund/s?	
12. Does the employer have a policy committee?	
13. Are employees covered by a formal workplace agreement that specifies superannuation arrangements?	
14. Do Federal or State awards cover employees?	
15. If applicable, can the employer provide a copy of the relevant provisions in the award covering superannuation?	
16. What payroll system does the employer use?	
17. How frequently are contributions paid into the fund/s and by which method is it paid (cheque/direct deposit/EFT)?	
18. Who is responsible for paying contributions?	
19. Does the employer have any existing relationships with organisations that have public offer funds/RSA's?	
20. What fees and charges apply to the fund/s?	
21. Ask employer to provide a copy of the latest annual report/s and any other communications available.	

ACTION PLAN

Do you as the employer:

22. Require a report outlining the alternatives available and a recommended strategy?	
23. Require assistance conducting a tender process?	
24. Want to make ongoing education available to your employees?	
25. Wish to make the service of a financial adviser available to your employees?	
26. Not wish to proceed at this moment in time or discuss the issue a bit later down the track?	
27. Other action/s required?	

CURRENT SUPERANNUATION ARRANGEMENTS

1. How would you rate your current super provider?

Rating scale: Excellent (5), Good (4), Fair (3), Poor (2), Unacceptable (1).

Item	Rating	Comment
Overall Rating		
Investment choices		
Investment performance		
Insurance features		
Insurance premiums		
Fees		
Administrative quality		
Employer service		
Employee service		
Frequency of communication		
Frequency of personal contact		
Level of awareness among staff		
Number of complaints from staff		

2. In your opinion, what does your current provider do well?

3. In your opinion, what does your current provider do poorly?

4. Are there any specific business objectives your company superannuation plan should aim to address (ie retain key executives, maintain record control, provide choice etc)?

5. Do you get any feedback/complaints from your employees regarding their super?

6. In an ideal world what would your perfect super fund look like?

7. In order of preference, what feature is most important to you when it comes to your super fund (rate 1 to 8, 8 being the most important)?

Feature	Preference/importance
Flexibility of design	
Familiarity of brand	
Choice of investments and consistent performance	
Competitive insurance conditions and premiums	
Fee structure	
Efficient administration	
Responsive employer services	
Helpful and informative investor services	

RATING YOUR FINDINGS

Use the following chart to rate your findings to establish which items are most important to your client. List all the items/priorities that were mentioned or raised in your discussions and questionnaire answers.
 Rating scale: Critical (5), Very important (4), Important (3), Nice to have (2), Not important (1).

Item/Issues	Rating	Comment

CLIENT DECLARATION

We are aware that a fee of \$ _____ will be charged for the preparation of a Statement of Advice.

The information provided in this Fact Finder is complete and accurate to the best of our knowledge (except where we have indicated that we have chosen not to provide the information).

We understand and acknowledge that by either, not fully or accurately completing the Fact Finder, that any recommendation or advice given by the adviser in these circumstances may be inappropriate for our needs and that we risk making a financial commitment to a financial product that may be inappropriate for the needs identified.

We acknowledge that we have received the Wealthsure Pty Ltd Financial Services Guide (“FSG”) inclusive of a copy of the Wealthsure Pty Ltd Privacy Disclosure Statement (“PDS”).

We confirm that we have received a copy of the Wealthsure Pty Ltd PDS and we agree to the collection, use and disclosure of our information, as outlined in the PDS. We confirm that we agree to the collection use and disclosure of our information from and to our advisers as listed below, where this is required by my adviser in the provision of financial services to us.

Client Declaration

- We Have completed all areas of this document and agree to provide you, my adviser, with all relevant information.	
Authorised Signatory:.....	Authorised Signatory:.....
Date:	Date:

AUTHORISED REPRESENTATIVE DECLARATION

I have provided you with a copy of the Wealthsure Pty Ltd Financial Services Guide and Privacy Policy prior to any financial product and strategy recommendations being made and personal and sensitive information being collected.

The information contained in this analysis is an accurate and complete record of the information provided to me.

The preparation of your Statement of Advice will be based on the above information and any other correspondence entered into. All care will be taken when preparing your Statement of Advice.

Authorised Representative Declaration

Signature:..... Date:.....

