



ASCOT  
WEALTH  
MANAGEMENT





## SELF MANAGED SUPERANNUATION FUND

Fund Name

Tax File Number

Complete Supplementary Form # 1 (Tick if completed)

Trustee (Company or Individuals)

Corporate Trustee ABN (if applicable)

Registered Address

Establishment Date

 /  / 

Type of Fund

ATO SMSF      Small APRA Fund (SAF)      Non-complying S/F

Investment Strategy: Last Update/Review:

 /  / 

Member insurance needs: Last Update/Review:

 /  / 

### SMSF MEMBER DETAILS

Member Name	Eligible Service Date	Current Balance	Pension / Accumulation phase (P/A)	Tax free component
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
Reserve Account		\$		
LESS loans borrowed by fund		-\$		
<b>Total SMSF Funds</b>		\$		

### SMSF MEMBER CONTRIBUTIONS (PA)

Member Name	Non-concessional Contributions (pa)	Super Guarantee Contributions (pa)	Other Concessional Contributions (pa)	Notes
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	

Notes:

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**SMSF INVESTMENT DETAILS – ATTACH ADDITIONAL INVESTMENT DETAILS**

Investment / Product Name	Date Invested	Amount Invested	No. of Units/ Shares	Current Value	Sell/Re-allocate
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No
	/ /	\$	\$		Yes No

Notes:

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**SMSF INSURANCE FOR MEMBERS – ATTACH ADDITIONAL INSURANCE DETAILS**

Investment / Product Name	Member 1		Member 2		Member 3		Member 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Insurance held by SMSF								
Policy Number								
Insurer								
Date of Commencement								
Total Premium	\$		\$		\$		\$	
Stepped/Level Premium Type								
Sum Insured - Life								
- TPD								
- Trauma								
- Income Protection								
Benefit Period								
Waiting Period								

Notes:

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