

Business Superannuation Financial Needs Analyser



Employer details

Employer Name: _____

Industry Type: _____

Phone: _____

Address: _____

You firm's annual payroll is? _____

Contact Person(s): _____

Who in the firm makes decisions relating to superannuation arrangements? _____

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Employee details

Total Number of Employees: _____

Full-Time Employees: _____ Part-Time Employees: _____ Casual Employees: _____

Estimated number of members to be in the new fund? _____

Contributions to superannuation

Presently, how many superannuation funds does your firm pay into? _____

Approximate amount contributed to superannuation annually? _____

What percentage superannuation contribution does your firm usually make? _____

What kind of contribution/s does your firm mainly make into superannuation? _____

Superannuation Guarantee _____ Additional Employer _____ Vesting _____

Salary Sacrifice _____ Other _____

On what frequency does your firm contribute to superannuation? _____

By what method does the fund make superannuation payments? _____

Looking after your financial life

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Existing superannuation arrangements

Current business superannuation plan(s)	
Plan name: Number of Members:	Type: Size (\$):
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Fee considerations of existing superannuation plans

Current Business Plan Fees						
Name of Existing Business Super Plan	Fees of existing superannuation plans (% and/or \$)					
	Administration	On-going	Adviser additional	Contribution or Rollover	Exit	Other

Insurance details

Does the current policy (or policies) offer insurance to its members? If yes, provide details.

Plan	Insurance	Fixed Amount or Formula Based
Plan name:	Life Life & TPD Salary Continuance	
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Plan name:	Life Life & TPD Salary Continuance	

Your employees have the following occupational classifications for insurance purposes:

Occupation: _____ Occupational Class: _____ Number: _____

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Occupation: _____ Occupational Class: _____ Number: _____

Occupation: _____ Occupational Class: _____ Number: _____

Occupation: _____ Occupational Class: _____ Number: _____

The current superannuation provider(s) offer automatic acceptance levels of:

Plan	Insurance	Automatic Acceptance Level (and the category(s) it applies to)
Plan name:	Life Life & TPD Salary Continuance	
Plan name:	Life Life & TPD Salary Continuance	
Plan name:	Life	

	Life & TPD Salary Continuance	
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Special considerations

Is the company or any of your members subject to Modern Awards? If so, what are these?

Do you have any defined benefit employees? If so, do you wish to maintain the defined benefit component in the new fund? _____

Do you have any special arrangements with any of your employees? If so, what are these? _____

Does your firm or your employees receive any additional services that you would like to continue? If yes, what are these? _____

Investment option considerations

Your firm's current default investment option(s): _____

Do you have any specific investment requirements to be offered by the new fund? _____

Desired features in a new plan

Feature of a New Plan	Importance*				
	1	2	3	4	5
* Where a rating of 1 is not important and a rating of 5 is most important					
An extensive range of investment choice options					
The ability to choose the default investment option(s) for your employees					
A competitive fee structure					
Nil entry, exit, switching and/or buy/sell fees					
Flexibility to offer a range of options for different categories of employees					
Competitive insurance premiums					
Access to standard insurance cover of Death, Total and Permanent Disability, and Salary Continuance insurance					
Acceptance of a wide range of contributions (Salary Sacrifice/Additional Contributions/Vesting/Spouse Contributions/Government Co-Contributions etc)					
On-line administration that allows electronic contributions, the ability to add and remove employees and update employee details					
On-going education for your employees					
An efficient and accurate administrative service					
A feature enabling a single superannuation payment to cover all employees across funds					

Does the company perceive superannuation as just a compliance issue or as a value added service to staff? _____

How would you rate your firm's understanding of superannuation?

Low _____

Moderate _____

High _____

Have the members ever received any type of superannuation education? _____

Privacy Policy

The information we collect from you is used to prepare a Statement of Advice plan or to provide you with specific services and information requested by you. Failure to complete, or a partial or inaccurate completion of the Financial Needs Analyser may result in Statement of Advice that is inappropriate to your needs.

In addition to this, we may also use your details to inform you of the other services we can provide.

Count Financial Limited will, on request, provide you with access to personal information we hold about you. If your details are inaccurate, please let us know and we will take reasonable steps to correct them. To gain access to this information or to notify us of any changes to your details, please e-mail us at privacy@count.com.au or write to us at Reply Paid 644 GPO Box 3323 SYDNEY NSW 2001. Alternatively you can contact us on (02) 8272 0292.

Please note we will only disclose your personal information when:

- it is required or allowed under law, or in connection with legal proceedings;
- you have consented (expressly or implied); or
- a person or organisation is authorised by us to provide limited financial, administrative and other services on our behalf. We will provide these organisations only with the information they need to deliver the service.

Your personal information may also be used for marketing purposes, but on request, your details can be removed from our marketing mailing list.

For more information on our privacy policy, please refer to our Privacy Statement on www.count.com.au

Client acknowledgment

The information provided in this Financial Needs Analyser is complete and accurate to the best of my/our knowledge. I/We understand that any investment made or policy purchased without the completion of a Financial Needs Analyser, or following a partial or inaccurate completion, may not be appropriate to my/our needs. I/We also understand that an investment made or a policy purchased which differs from that recommended by the Adviser may not be appropriate to my/our needs. I/We also understand that an investment made or a policy purchased which differs from that recommended by the Adviser may not be appropriate to my/our needs. I/We appreciate that, in these circumstances, I/we may lose the right to seek compensation from the Adviser or its principal for any loss suffered by me/us as a consequence of incomplete or inaccurate information being provided. I/We also acknowledge that circumstances can change regularly and that I/we should receive a regular periodic review from my/our Count

Wealth Accountants adviser. I/We have read and understood the privacy information above. Furthermore I/we acknowledge the following disclosure and disclaimer.

Disclosure

Count Wealth Accountants and its employees and Authorised Representatives may have an interest in and/or receive commission (upfront and/or ongoing) from the investments or products recommended. Further commission details are set out in any written information supplied to you.

Disclaimer

Any recommendations advised are based on the information contained herein and current economic and investment markets. Economic and market conditions can change rapidly and the advice given is on the understanding that a regular review of your circumstances (at least once a year) is necessary.

Employer name: _____

Employer signature: _____ Date: _____

Count Authorised Representative Name: _____

Count Authorised Representative signature: _____ Date: _____