

# Self-Managed Super Fund Audit Request



Name of Fund: VML SUPER FUND  
 Fund ABN: 54 402 600 214  
 Accountant / Administrator: **Sue Lawson**  
 Email: **sue@cleave.com.au** Phone: **(07) 3359 3311**  
 Address: **PO Box 165, Virginia QLD 4014**

Audit Period: **Financial Year Ended 30 June 2019**

Are all members either directors of the Trustee Company or trustees of the fund?

Yes / No

Have there been any known breaches of the SIS Act during the audit period?

Yes / No

Notes:

Does the fund have any "in house"/related party assets?

Yes / No

If yes are the assets pre-99?

Yes / No

Notes:

## Financial Audit

Current Year Fund Financial Statements  
 Current Year Fund General Ledger Report  
 Current Year Fund Income Tax Return  
 Member Information Statements  
 Fund Trial Balance & Working Papers  
 Bank Statements  
 Invoices / Receipts evidencing payments  
 Fund Share Dividend Statements (if applicable)  
 Fund Share Buy / Sell Contracts (if applicable)  
 Fund Term Deposit Statements (if applicable)  
 Fund Managed Fund Statements (if applicable)  
 Fund Rental Statements (if applicable)  
 Title Deed for Property  
 Contribution Confirmations / s290-170 letter  
 Work Test Declaration (if over 65)  
 Valuations from Independent parties (if applicable)  
 Unit Trust Financial Statements  
 Life Insurance policy documents (if applicable)  
 Collectables / Artwork documents & Insurance  
 Other:

YES	NO	N/A	Notes	S/R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
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## Compliance Audit

Fund Trust Deed & Amendments (if not previously provided)  
 Fund Investment Strategy  
 Fund Minutes of Meetings of Trustees  
 ASIC Statement of corporate trustee (if applicable)  
 Bare Trust Documentation (if applicable)

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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	Y
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## Pension / Benefits YES NO - N/A

Copy of request from member to receive benefits/pension  
 Annual Pension Letter – 2018 year  
 Actuarial Certificate (if required)  
 PAYG Summary /ETP Summary  
 Signed Documents (Returned to Auditor)

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Auditor Engagement Letter  
 Trustee Representation Letter

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	Y
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	Y
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Other: