

# 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

	YES	NO	N/A	Notes	S/R
Current Year Fund Financial Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
Current Year Fund General Ledger Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
Current Year Fund Income Tax Return	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Member Information Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
Fund Trial Balance & Working Papers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
Bank Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Invoices / Receipts evidencing payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Fund Share Dividend Statements (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Fund Share Buy / Sell Contracts (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Fund Term Deposit Statements (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Fund Managed Fund Statements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Fund Rental Statements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Title Deed for Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Contribution Confirmations / s290-170 letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
Work Test Declaration (if over 65)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Valuations from Independent parties (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Unit Trust Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Life Insurance policy documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Collectables / Artwork documents & Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	

## Compliance Audit

Fund Trust Deed & Amendments (if not previously provided)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fund Investment Strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fund Minutes of Meetings of Trustees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	Y
ASIC Statement of corporate trustee (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Bare Trust Documentation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## Pension / Benefits YES NO - N/A

Copy of request from member to receive benefits/pension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data File	
Annual Pension Letter – 2018 year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Actuarial Certificate (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
PAYG Summary /ETP Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	

## Signed Documents (Returned to Auditor)

Auditor Engagement Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	Y
Trustee Representation Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	Y
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		