

Self-Managed Super Fund Audit Request



Name of Fund: T. W. SUPER FUND
 Fund ABN: 32 734 215 235
 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Fund Managed Fund Statements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Fund Rental Statements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Title Deed for Property	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Contribution Confirmations / s290-170 letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auditor Financial Statements	
Work Test Declaration (if over 65)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File	
Valuations from Independent parties (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Unit Trust Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Life Insurance policy documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Collectables / Artwork documents & Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data File	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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 <i>BGL Pension 2020 Provision</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data File Auditor Financial	
Actuarial Certificate (if required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>		