

**Upon completion please  
return to:**

**Manager Retirement Planning Services**

Vision Super Pty Ltd, PO Box 18041,  
Collins Street East, MELBOURNE VIC 8003

## PRIVATE & CONFIDENTIAL

### What is the purpose of this questionnaire?

The aim of this questionnaire is to gather information from you regarding your personal details and financial situation to provide us with an understanding of your current position, goals and objectives. This information will be kept confidential and will be handled strictly in accordance with our Privacy Policy (see section 10).

### Why do we need this information?

When we meet to discuss your superannuation benefits, the requested information will enable us to provide you with the best possible advice and recommendations to assist you to achieve your desired retirement income.

This questionnaire will require some detail, so please do not be deterred and complete only what you reasonably can and is relevant to you.

### Need assistance?

Please contact our Member Services team on **(03) 9911 3222** or **1300 300 820** for regional callers.

### We can help you to:

- Establish your current financial position.
  - Identify your goals and objectives.
  - Discuss your concerns.
- 
- Research and analyse your financial situation.
  - Report alternatives and recommendations for you to consider.
  - Discuss and refine strategy.
- 
- Put your strategy in place.
- 
- Maintain regular contact with a planner.
  - Review the impact of economic and legislative changes.
  - Adjust your strategy to ensure it continues to meet your needs.

**INFORMATION  
GATHERING**

**DEVELOP &  
RECOMMEND A  
STRATEGY**

**IMPLEMENTATION**

**ONGOING  
SUPPORT**



# 1. Personal details

	YOU	YOUR PARTNER
MEMBER NUMBER:	<input type="text"/>	<input type="text"/>
TITLE	<input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MS <input type="radio"/> MISS <input type="radio"/> DR <input type="radio"/> OTHER _____	<input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MS <input type="radio"/> MISS <input type="radio"/> DR <input type="radio"/> OTHER _____
SURNAME (FAMILY NAME)	<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>	<input type="text"/>
PREFERRED NAME	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
AGE NOW	<input type="text"/> YEARS	<input type="text"/> YEARS
SEX	<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> MALE <input type="radio"/> FEMALE
MARITAL STATUS	<input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> DE FACTO <input type="radio"/> SINGLE <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED	<input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> DE FACTO <input type="radio"/> SINGLE <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED
HEALTH STATUS	<input type="radio"/> EXCELLENT <input type="radio"/> GOOD <input type="radio"/> FAIR <input type="radio"/> POOR	<input type="radio"/> EXCELLENT <input type="radio"/> GOOD <input type="radio"/> FAIR <input type="radio"/> POOR
EMPLOYMENT STATUS	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME <input type="radio"/> SELF EMPLOYED <input type="radio"/> CASUAL <input type="radio"/> NOT WORKING <input type="radio"/> RETIRED <input type="radio"/> CONTRACT/FIXED TERM	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME <input type="radio"/> SELF EMPLOYED <input type="radio"/> CASUAL <input type="radio"/> NOT WORKING <input type="radio"/> RETIRED <input type="radio"/> CONTRACT/FIXED TERM
MAIN EMPLOYER	<input type="text"/>	<input type="text"/>

## 1.1 Children/dependents

NAME	DATE OF BIRTH	DEPENDENT UNTIL	LIVING AT HOME
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> YEARS	<input type="radio"/> YES
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> YEARS	<input type="radio"/> YES
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> YEARS	<input type="radio"/> YES
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> YEARS	<input type="radio"/> YES

## 1.2 Contact details

HOME ADDRESS	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
MAILING ADDRESS (IF DIFFERENT)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
HOME PHONE NUMBER	<input type="text"/>	<input type="text"/>
MOBILE PHONE NUMBER	<input type="text"/>	<input type="text"/>
WORK PHONE NUMBER	<input type="text"/>	<input type="text"/>
EMAIL (HOME)	<input type="text"/>	<input type="text"/>
EMAIL (WORK)	<input type="text"/>	<input type="text"/>

## 2. Lifestyle assets

	Owner (you/partner/both)	Current value
PRINCIPAL RESIDENCE		\$
HOUSE CONTENTS		\$
CAR(S)		\$
CARAVAN/BOAT		\$
OTHER (PLEASE SPECIFY)		\$
<b>TOTAL</b>		\$

### 2.1 Financial assets

	Owner You/Partner/Both	Current value	Is income reinvested?	Do you add money to this on a regular basis?
BANK ACCOUNTS	YOU	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
TERM DEPOSITS	YOU	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
OTHER CASH ACCOUNTS	YOU	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
MANAGED FUNDS*	YOU	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
SHARES*	YOU	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
INVESTMENT PROPERTY 1		\$		
INVESTMENT PROPERTY 2		\$		
INVESTMENT PROPERTY 3		\$		
<b>TOTAL</b>		\$		

\* You do not need to individually list each share or managed fund. Please just provide the combined total of the investments.

### 2.2 Superannuation

YOU		YOUR PARTNER	
FUND NAME	VALUE	FUND NAME	VALUE
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

\*Have you made any withdrawals from your super?  YES  NO

AMOUNT \$ \_\_\_\_\_

You do not need to include your Vision Super Funds, as we already have this information. Please only include details (for yourself and your partner) for funds other than Vision Super. Please include a copy of your latest superannuation statement for any non-Vision Superannuation assets or funds.

### 3. Income

	YOU		YOUR PARTNER	
GROSS SALARY/WAGES	\$	P.A.	\$	P.A.
RENTAL INCOME	\$	P.A.	\$	P.A.
BONUS/OVERTIME	\$	P.A.	\$	P.A.
INVESTMENT INCOME	\$	P.A.	\$	P.A.
SUPERANNUATION PENSION	\$	P.A.	\$	P.A.
CENTRELINK PAYMENTS	\$	P.A.	\$	P.A.
OTHER	\$	P.A.	\$	P.A.
<b>TOTAL</b>	\$	P.A.	\$	P.A.
COMMENTS				

### 3.1. Salary packaged item (pre-tax)

	YOU		YOUR PARTNER	
CAR	\$	P.A.	\$	P.A.
SUPERANNUATION	\$	P.A.	\$	P.A.
OTHER	\$	P.A.	\$	P.A.
<b>TOTAL</b>	\$	P.A.	\$	P.A.

### 4. Liabilities

DESCRIPTION	OWNER YOU/PARTNER/ BOTH	CURRENT LOAN AMOUNT	INTEREST RATE	REPAYMENTS & FREQUENCY		TERM LEFT	INTEREST ONLY
				AMOUNT	FREQUENCY *W/F/M		
MORTGAGE	YOU	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
INVESTMENT LOAN/S	YOU	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
MARGIN LOAN	YOU	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
	PARTNER	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
	BOTH	\$	%	\$			<input type="radio"/> YES <input type="radio"/> NO
PERSONAL LOAN/S	YOU	\$	%	\$			
	PARTNER	\$	%	\$			
	BOTH	\$	%	\$			
**CREDIT CARDS	YOU	\$	%	\$		NOT APPLICABLE	
	PARTNER	\$	%	\$		NOT APPLICABLE	
	BOTH	\$	%	\$		NOT APPLICABLE	
OTHER		\$	%	\$			
<b>TOTAL</b>		\$					

\*\*Do you pay off your credit card balance each month?

YES  NO

\*W = weekly

F = fortnightly

M = monthly

## 5. Cost of living/savings capacity

WHAT IS YOUR NET (AFTER TAX) INCOME? (BASED ON YOUR LAST TAX RETURN)

\$ \_\_\_\_\_ P.A.

WHAT IS YOUR ESTIMATED ANNUAL COST OF LIVING?

– \$ \_\_\_\_\_ P.A.

\* Our Budget Planner on page 9 may assist you to determine your needs

SAVINGS CAPACITY

= \$ \_\_\_\_\_ P.A.

Are you expecting any changes to your income?  YES  NO

## 6. Planned/anticipated expenditure items

If you are planning any large expenditures e.g. holidays, a new car or renovations now or in the future, please provide details below:

DESCRIPTION	ESTIMATED AMOUNT	ESTIMATED DATE
	\$ _____	/ /
	\$ _____	/ /
	\$ _____	/ /
	\$ _____	/ /

## 7. Insurance protection

	YOU		YOUR PARTNER	
	INSURANCE COMPANY	VALUE	INSURANCE COMPANY	VALUE
LIFE INSURANCE		\$ _____		\$ _____
TOTAL & PERMANENT DISABILITY		\$ _____		\$ _____
TRAUMA		\$ _____		\$ _____
INCOME PROTECTION		\$ _____		\$ _____

	YOU			YOUR PARTNER		
ARE YOU A NON-SMOKER (MORE THAN 12 MONTHS)?	<input type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> YES	<input type="radio"/> NO	
WHAT IS THE WAITING PERIOD FOR INCOME PROTECTION?	<input type="radio"/> 30	<input type="radio"/> 60	<input type="radio"/> 90 DAYS	<input type="radio"/> 30	<input type="radio"/> 60	<input type="radio"/> 90 DAYS
WHAT IS THE BENEFIT PERIOD FOR INCOME PROTECTION?	<input type="radio"/> 2 YR	<input type="radio"/> 5 YR	<input type="radio"/> TO AGE 65	<input type="radio"/> 2 YR	<input type="radio"/> 5 YR	<input type="radio"/> TO AGE 65
ARE THERE ANY EXCLUSIONS OR LOADINGS APPLICABLE?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW

COMMENTS \_\_\_\_\_

DO YOU HAVE PRIVATE HEALTH COVER?  YES  NO  YES  NO

## 8. Estate planning

	YOU	YOUR PARTNER
DO YOU HAVE A CURRENT WILL?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
HAVE YOU ESTABLISHED A POWER OF ATTORNEY?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
HAVE YOUR CIRCUMSTANCES CHANGED SINCE YOU LAST REVIEWED YOUR WILL ?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

COMMENTS \_\_\_\_\_

## 9. Your goals and objectives

WHAT ARE YOUR MAIN REASONS FOR SEEKING ADVICE?	YOU	YOUR PARTNER
• PLANNING TO RETIRE AND NEED AN INCOME OF	\$ _____ P.A.	\$ _____ P.A.
• CHANGING EMPLOYER & NEED ADVICE ON MY SUPER BENEFIT OPTIONS	<input type="radio"/>	<input type="radio"/>
• DEFINED/DEFERRED BENEFIT FUND MEMBER	<input type="radio"/>	<input type="radio"/>
• LUMP SUM CONTRIBUTION	<input type="radio"/>	<input type="radio"/>
• SUPER CONSOLIDATION	<input type="radio"/>	<input type="radio"/>
• TRANSITION TO RETIREMENT STRATEGIES	<input type="radio"/>	<input type="radio"/>
• REVIEW INSURANCE PROTECTION	<input type="radio"/>	<input type="radio"/>

# RISK PROFILE QUESTIONNAIRE

Name: YOU YOUR PARTNER Date: YOU YOUR PARTNER

Vision Super Member No: YOU YOUR PARTNER

What is your current Vision Super investment option? YOU YOUR PARTNER

*This questionnaire aims to help you to understand your risk tolerance better. When you have answered all the questions, your score will provide you with an indication of an investment option(s) that may best suit you. The investment option(s) you select should be determined by a number of factors, including risk tolerance and investment time frame.*

**Please circle your preferred answer and total your score.**

**1. For your superannuation funds what is most important to you?**

	You	Your Partner
Low risk, low return	①	①
Low risk, moderate return	②	②
Moderate risk, moderate return	③	③
Moderate risk, higher return	④	④
High risk, high return	⑤	⑤

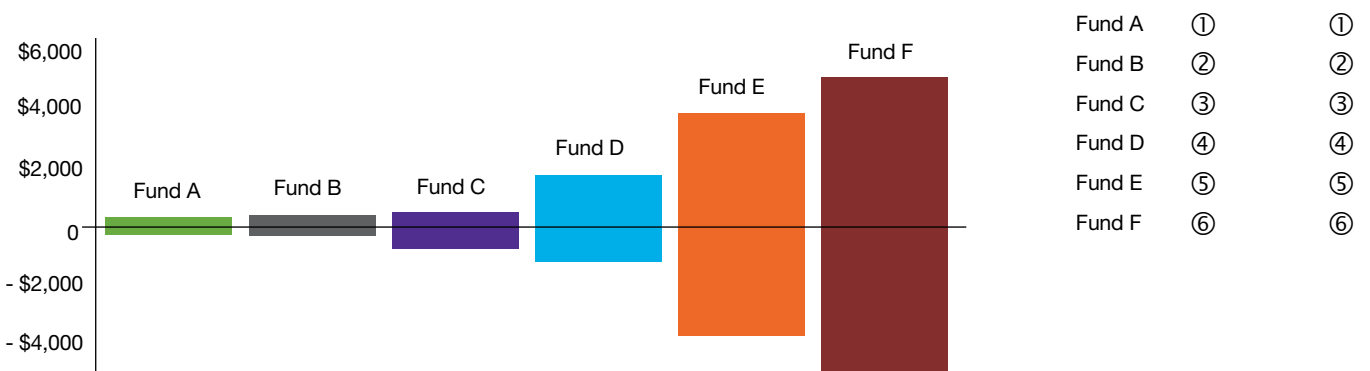
**2. How much investment knowledge do you have?**

Very little	①	①
I follow property markets	②	②
I follow share markets	③	③
I am aware that investment returns may vary from year to year	④	④
I understand that different investment sectors have different risks and returns.	⑤	⑤

**3. Your objectives for your superannuation are to:**

Invest in a guaranteed investment where your money is safe, although it may mean earning a lower rate of return	①	①
Invest in some fixed interest with some exposure to property and shares	②	②
Maintain a relatively balanced exposure to cash, fixed interest, property and share investments	③	③
Invest in a diversified portfolio with a higher exposure to shares and property	④	④
Invest in growth assets, including Australian and international shares and property	⑤	⑤

**4. The chart below shows the highest one-year gain and highest one-year loss of six different hypothetical investments of \$10,000\*. Given the potential gain or loss in any one year, where do you think you would invest your money?**



*\* The maximum gain or loss on an investment is impossible to predict. The ranges shown in this chart are hypothetical and are designed solely to gauge your tolerance for risk.*

**5. In respect of your superannuation, how often would you be prepared to tolerate a year of negative return to receive progressively higher returns over the long-term?**

Never	①	①
1 in 20 years	②	②
1 in 15 years	③	③
1 in 10 years	④	④
1 in 5 years	⑤	⑤

# RISK PROFILE QUESTIONNAIRE

	You	Your Partner
<b>6. If your superannuation investment starts to fall in value, you would:</b>		
Switch to the cash option immediately.	①	①
Switch to a more conservative option immediately.	②	②
Consider switching but do nothing about it.	③	③
Treat the loss as short-term, expecting it to recover.	④	④
Move more funds into a higher growth option.	⑤	⑤
<b>7. If you wanted to retire in the future on an income of \$30,000 p.a. (in today's dollars) but future benefit projections indicated that you could only retire on \$20,000 p.a., which included the Government Age Pension, you would:</b>		
Take no action and adjust your lifestyle to the lower level of income.	①	①
Change your existing super investment option to one with a higher growth asset exposure.	②	②
Contribute further funds to your superannuation account, and change your investment option to one with a higher growth asset exposure.	③	③
<b>8. When do you plan on retiring?</b>		
Already retired	①	①
In the next 12 months	②	②
1 - 2 years	③	③
3 - 5 years	④	④
6 - 10 years	⑤	⑤
10+ years	⑥	⑥
<b>9. In retirement how long would you like your superannuation pension income to last?</b>		
1 - 5 years	①	①
6 - 10 years	②	②
11 - 20 years	③	③
20+ years	④	④
<b>10. What do you require your superannuation retirement pension to provide?</b>		
Income but no growth	①	①
Security	②	②
A mixture of growth and income	③	③
Long-term growth	④	④
High returns	⑤	⑤
<b>TOTAL SCORE</b>		

After you total your scores, see below to determine what may be your most appropriate investment option.

**Score up to 11 points:** You are likely to be a conservative investor who does not wish to take any investment risk. Your priorities are to safeguard your capital and you accept lower returns. You are likely to be more comfortable with all your superannuation invested in the **CASH** option (100% defensive).

**Score 12–19 points:** You are likely to be a cautious investor. You accept a small amount of risk for some return, but your priority is to preserve your capital. You are likely to be comfortable with all your superannuation invested in the **CONSERVATIVE** option. (70% defensive and 30% growth).

**Score 20–26 points:** You are likely to be a prudent investor. You are seeking better than basic returns but risk must be low as you wish to protect your capital. You are likely to be more comfortable with all your superannuation invested in the **BALANCED** option. (50% growth and 50% defensive).

**Score 27–35 points:** You are likely to be more adventurous and seek a higher return over the long-term without being an experienced, sophisticated investor. You are likely to be more comfortable with all your superannuation invested in the **BALANCED GROWTH** option. (75% growth and 25% defensive).

**Score 36–44 points:** You are likely to be an assertive investor seeking higher growth from your investments. Your general understanding of investment markets enables you to feel comfortable with higher volatility and risk in order to achieve higher returns. You are likely to be more comfortable with all your superannuation invested in the **GROWTH** option. (85% growth and 15% defensive).

**Score 45+ points:** You are likely to be an aggressive investor who understands investment behaviour and market movements. You feel comfortable with a high level of risk in order to maximise long-term growth. You are likely to be more comfortable with all your superannuation invested in the **JUST SHARES** option. (100% growth).

## 10. Protecting your personal information

The information you provide in this form is used to assess your financial situation, to ensure that we provide advice which meets your needs and objectives, and to implement any instructions you provide based on our advice. The implementation of your instructions may involve the disclosure of information you provide to external parties such as our insurers. If you do not fully disclose all the requested information, we may not be able to provide you with advice or recommendations appropriate to your financial situation or implement your instructions.

Your information will be handled strictly in accordance with our Privacy Policy, available at our website:

[www.visionsuper.com.au](http://www.visionsuper.com.au).

You may request access to the information we hold about you. If you provide information about any other person, you agree to tell them:

- that you are providing this information to us,
- of our contact details on this form,
- the reason you are providing their information to us, and
- the fact that the information may be disclosed to others as set out above.

### 10.1 Member acknowledgement

By signing this form you consent to the collection, use and disclosure of your personal information as explained above. Our Australian Financial Services Licence (No.225054) restricts us to providing superannuation advice ONLY. We are unable to advise on other financial products.

'I/We confirm that we have read and understood the Vision Super Financial Services Guide' located on page 10.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text" value="/ /"/>	Date	<input type="text" value="/ /"/>

### 10.2 Authority for preparation of financial plan

- I/We request a meeting with a financial planner to discuss my/our superannuation benefit options relevant to my/our personal circumstances.
- I/We request the preparation of a Statement of Advice (SOA) to assist me/us in maximising our superannuation savings or retirement income options.

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text" value="/ /"/>	Date	<input type="text" value="/ /"/>

# BUDGET PLANNER

Understanding when and what you spend is a key element of planning for retirement. This budget planner will help you better understand your spending habits and cash flow.

Expenditure	Amount	Frequency: W/F/M/Q/A*	Annually
Mortgage	\$		\$
Rent	\$		\$
Rates/Body corporate fees	\$		\$
Electricity	\$		\$
Gas	\$		\$
Water	\$		\$
Telephone & mobile phone	\$		\$
Internet/Foxtel	\$		\$
Insurance: Home/contents	\$		\$
Vehicle	\$		\$
Life	\$		\$
Health	\$		\$
Income/disability	\$		\$
Loan repayments	\$		\$
Credit cards	\$		\$
Store cards	\$		\$
Registration: vehicle/trailer/caravan	\$		\$
School fees	\$		\$
Food	\$		\$
Clothing and shoes	\$		\$
Public transport fares	\$		\$
Petrol	\$		\$
Vehicle maintenance	\$		\$
Home maintenance	\$		\$
Doctor/dentist	\$		\$
Pharmaceutical products	\$		\$
Sport/gym	\$		\$
Entertainment (movies, drinks, magazines etc.)	\$		\$
Personal care	\$		\$
Restaurants and takeaways	\$		\$
Memberships/subscriptions	\$		\$
Hobbies	\$		\$
Gifts	\$		\$
Holidays	\$		\$
<b>TOTAL</b>	\$		\$

\*W = weekly      F = fortnightly      M = monthly      Q = quarterly      A = annually

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Financial Services Guide

19 October 2009

**This Guide is designed to help you make an informed decision about using our services. It provides information about:**

- Your rights
- Our service
- The cost of our service
- Remuneration and potential conflicts of interest
- Handling complaints

For more information, please call our Member Services team on (03) 9911 3222 or 1800 300 820 for regional callers.

## Your rights

Anyone who provides you with financial advice owes you a fiduciary responsibility - they must always act in your best interests and avoid conflicts of interest. Furthermore the Corporations Act 2001 gives you the right:

- to be told of any material issues that may influence any advice given to you by the person to whom you speak
- to receive advice that is suitable to your individual objectives, financial circumstances and needs
- to be informed and ask about the risk associated with any financial product or strategy we recommend.

## Our service

Vision Super Pty Ltd (Vision Super) ABN 50 082 924 561, is the Trustee of both the Local Authorities Superannuation Fund and the Vision Superannuation Fund. Under our Australian Financial Services Licence (No: 225054), we are licensed to offer both general and personal advice about superannuation and non-cash payment products.

Our representatives are licensed to offer both members and non-members general advice about our financial products. General advice does not take into account your personal circumstances or needs.

Our financial planners are licensed to provide both members and non-members personal superannuation advice that does take your personal circumstances or needs into account. You will receive a Statement of Advice (SOA) that sets out recommendations and the information on which they are based, together with any fees, charges and potential conflicts of interest. If the advice relates to the acquisition of a financial product, you should read the relevant Product Disclosure Statement (PDS) before making any decision. It provides detailed information about the financial product.

## The cost of our service

**For members –** The cost of providing general and personal superannuation advice (for you and your partner) is met from general administration expenses. There is no additional charge.

**For non-members –** There is no charge for either general advice or an initial consultation with a financial planner.

To meet our obligations under the Superannuation Industry (Supervision) Act 1993, non-members are charged a fee of \$250 for an SOA. However, if you become a Vision Super member within three months of receiving the SOA, the fee will be rebated back to your Vision Super account as a non-concessional contribution.

## Remuneration and potential conflicts of interest

Vision Super is an industry fund run only to profit members. We do not have any association or relationship with any product providers or institutions that could reasonably be expected to influence the provision of our service. Our representatives receive fixed salaries that are not dependent on their achieving any sales or production target. They do not receive commissions, fees or bonuses.

## Handling complaints

We are committed to providing you with the best possible service, and hope that you may never have cause to complain. However, if a situation arises where you wish to make a formal complaint, please write to The Complaints Officer, Vision Super, PO Box 18041 Collins Street East, Melbourne VIC 8003, or Fax No. (03) 9911 3299.

If your complaint cannot be settled to your satisfaction within 90 days, you may be able to take the matter to the Superannuation Complaints Tribunal (SCT). You can contact the SCT on 1300 780 808, or visit their website at: [www.sct.gov.au](http://www.sct.gov.au).

Vision Super is also a member of an external dispute resolution scheme called the Financial Ombudsman Service (FOS). If your complaint falls outside the jurisdiction of the SCT, you may have the right to take your complaint to FOS. This is a free service. You can contact the FOS on 1300 780 808 or visit their website at [www.fos.org.au](http://www.fos.org.au).

Vision Super is covered by professional indemnity insurance satisfying the requirements under the Corporations Act for compensation arrangements. This also covers claims arising from the actions of current and former employees or representatives.

Vision Super Pty Ltd ABN 50 082 924 561, Level 5/1 Spring Street, Melbourne Victoria 3000			
✉	PO Box 18041 Collins Street East, Melbourne Victoria 8003		
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