

IconiQ Investment Third party access form

Instructions

Use this form to grant access to a financial professional or other representative with read-only access to your Portfolio. This authority provides limited access which does not allow for the nominated individuals to transact on your behalf. You can revoke this authority at any time by notifying us in writing. Be sure to sign in section 4 and return this form via the methods to the right.

How to return this form

Provide to your Adviser: Provide this completed form to your Financial Adviser to upload on your behalf, to your Document Library via the online portal.

If required, you may post this form to:

GPO Box 1657
Melbourne VIC 3001

Documents required

- A certified copy of photographic identification for each account signatory showing their signature (Australian State/Territory driver's licence, Australian passport or card issued under a law of a State or Territory for the purpose of providing a person's age which contains a photograph of the person).

Section 1

Your details

Portfolio name

Portfolio number

Section 2

Financial professional or other representative's details

Title

First name

Surname

Company name (if applicable)

Relationship to the client

Email (required if platform access requested)

Email (required if platform access requested)

Office number

Address

Suburb

State

Postcode

Section 3

Access required

- Enquiry access only. Ability to enquire via email and phone, no login credentials provided.
- Read-only online access Log in credentials provided, access to view information and generate reporting. If previously provided with online access to [insert name], please provide User ID:

Enquiry access for staff members (optional)

- Tick to authorise the release of information to all staff members of an authorised person's company

OR

- Tick to authorise the release of information only to selected staff members. List names in the table below, include additional pages as required.

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>
First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="DDMMYYYY"/>

Section 4

Declaration and signature

By signing below:

- I consent and authorise for information relating to my portfolio listed in section 1 to be disclosed to the person listed in section 2, including their staff members if indicated. I understand this authority will remain in place unless revoked in writing.
- I understand the information provided will include, but is not limited to, the following:
 - investment and transaction information,
 - the names of all parties listed on the portfolio,
 - the names of other portfolios linked within the household; and
 - access to portfolio reporting and reporting history, and any information stored in the document library.
- I understand this authority provides limited access to my portfolio listed in section 1 which does not allow for the nominated individuals to transact on my behalf.
- I hereby release, discharge and agree to indemnify the Operator or Trustee of the Portfolio named in section 1, and any related parties, from and against all actions, proceedings, claims and demands however arising out of the release of this information to the nominated financial professional or other persons noted in section.

Super Portfolios

If the portfolio listed in section 1 is a Super Portfolio, this form must be signed by the member.

Member full name

Address

Suburb

State

Postcode

Signature

Date

IDPS Portfolios

For IDPS portfolios, this form must be signed by all required signatories. Companies may sign in accordance with their constitution and the law.

Signatory 1

Full name

Date of birth

Address

Suburb

State

Postcode

Signature

Date

Signatory 2 (if applicable)

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Suburb

State

Postcode

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signatory 3 (if applicable)

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Suburb

State

Postcode

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signatory 4 (if applicable)

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Suburb

State

Postcode

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signatory 5 (if applicable)

Full name

Date of birth

Address

Suburb

State

Postcode

Signature

Date

Signatory 6 (if applicable)

Full name

Date of birth

Address

Suburb

State

Postcode

Signature

Date

It is recommended that you retain a copy of the completed form for your own records.

Your privacy

When you provide instructions to us, we will be collecting personal information about you. If you hold an IDPS or Super portfolio, information about how the Operator and/or Trustee collects, uses and discloses your personal information is set out in the relevant Privacy Policy, available at www.iconiqwrap.com.au.

IconiQ Investment

GPO Box 1657
Melbourne VIC 3001
Phone: 1300 746 454

www.iconiqwrap.com.au

Issued by:

Ventura Investment Management Ltd
ABN 49 092 375 258

Ventura Investment Management Ltd ("Ventura") ABN 49 092 375 258 is the operator of IconiQ Investment and Responsible Entity for IconiQ SMA and a wholly owned subsidiary of Centrepoint Alliance Limited ABN 72 052 507 507.