

Pension Payment Details form

You can use this form to establish or amend pension payment details.

Section 1: Personal Details

Portfolio Number (Account Number eg. IQ1234567)

Full name

Date of birth

Address

Suburb

State

Postcode

IconIQ Super Wrap

A Division of WRAP Super ABN 18 906 079 389

GPO Box 1657, Melbourne VIC 3001 P: 1300 746 454 E: clientsupport@iconiqwrap.com.au USI 18906079389002

Issued by the Trustee of WRAP Super:

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFS Licence No 229757 RSE Licence No L0001458

Section 2: Pension Payment Details

Should you change your requested pension payment amount within a financial year, we will take into account any previous amount paid to you from IconiQ Super Wrap in that financial year.

Please note that twice monthly pension payments will be made on the 10th and 24th days of the applicable month. All other pension payments will be made on the 10th day of the applicable month.

Payment amount

I nominate pension payments to be: (please tick one)

- Minimum Amount
- Nominated Amount Per Frequency (\$) *
- Maximum Amount (Transition to Retirement (TTR) Pensions Only)

*If the nominated amount entered does not fall within the required minimum and maximum (for TTR Pensions) amounts, we will adjust it accordingly. Refer to the IconiQ Super Wrap Product Disclosure Statement for further information.

Payment frequency

I nominate payment frequency to be: (please tick one)

- Twice Monthly Monthly Quarterly Half-Yearly Annually

Effective From (insert date below)

D	D	M	M	Y	Y	Y	Y
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Section 3: Additional Options

When you commence your pension with IconiQ Super Wrap, we'll automatically pro-rata the nominated amount based on the number of days remaining in this financial year.

- Tick this box should you wish to opt-out of this approach and receive the nominated full amount.

If you are joining IconiQ Super Wrap in June, you have the option to not take a pension payment until the new financial year.

- Tick this box if you would like to wait until the new financial year to commence to receive the pension payments.

Section 4: Bank Account Details

This section can be left blank if you are already receiving your IconIQ Super Wrap pension payments into your selected bank account.

Please pay my pension payments into the bank account listed below:

Please also provide a bank document that displays the name of the account holder, BSB and account number. This must be on bank letterhead or a statement.

Account name

Name of bank/financial institution

BSB

Account number

Section 5: Privacy & Declaration

Privacy

When you provide instructions by completing this form, personal information about you is being collected. Information about how the Trustee collects, uses and discloses your personal information is set out in the Trustee's Privacy Policy available at www.eqt.com.au.

Declaration

I declare and understand that:

- the information provided on this form is true and correct, and I authorise the changes to be made;
- if the information provided in this form is not correct or verifiable, this form may not be processed, or I may be requested to provide additional information;
- I authorise the Trustee to make the changes noted on this form; and
- I have read the Trustee's Privacy Statement, and understand how my personal information will be collected and used.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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How to return this form

Provide to your Adviser

Provide this form to your Financial Adviser to upload on your behalf.

Online Upload

Submit the completed form online via Portfolios > Reports & Documents > Submit Superannuation Documents.