

Rollover and Benefit payment form

You can complete this form to request a rollover or benefit payment from your IconIQ Super Wrap portfolio.

Section 1: Personal Details

Portfolio Number (Account Number eg. IQ1234567)

Full name

Date of birth

Residential 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: Type of Withdrawal

Please select one of the following:

- I would like to roll over to another super fund (complete section 3)
- I would like to withdraw funds from my IconiQ Super Wrap (complete section 4)

Section 3: Rollover to another Superannuation Fund

Please select one of the following:

- Full rollover out to another super fund
- Partial rollover out to another super fund

Amount (\$)

Please also ensure that you have redirected all future contributions to your new super fund, before submitting this form.

Receiving Fund's details

Fund's name

Fund ABN

Fund USI

Member Number

Postal address

Suburb

State

Postcode

Section 4: Cash Withdrawal

If withdrawing funds, please specify how you have met a condition of release:

<input type="checkbox"/> Reached preservation age and am retired	<input type="checkbox"/> Reached 65 years of age
<input type="checkbox"/> Reached age 60 and ceased employment	<input type="checkbox"/> Compassionate grounds*
Date employment ceased <input type="text" value="DDMMYYYY"/>	<input type="checkbox"/> Permanent incapacity*
<input type="checkbox"/> Terminal medical condition*	<input type="checkbox"/> Other (please specify)
	<input type="text"/>

* Please review section 6 for details on additional supporting documentation requirements. In some circumstances you may need to seek prior-approval before lodging this form.

More information about conditions of release is available from the ATO website:
www.ato.gov.au/Individuals/Super/Withdrawing-and-using-your-super

Payment details

Please select the type of payment you are requesting and the amount (where applicable).

- Please note that any applicable tax will be deducted from the cash withdrawal amount specified.
- All deductions are taken from available cash. Should your available cash be insufficient to process the amount listed below, automatic disinvestment will be initiated.
- Please speak to your financial adviser about selling down to cash should you not wish your Account to be subjected to automatic disinvestment.
- Please refer to the IconiQ Super Wrap Product Disclosure Document for further information on automatic disinvestment.

Cash Withdrawal - Accumulation Portfolios Only

Please select one of the following:

- Full cash withdrawal
- Partial cash withdrawal

Amount (\$) (gross of tax)

Lump Sum Commutation – Pension Portfolios Only

Please select one of the following:

- Full lump sum commutation
- Partial lump sum commutation

Amount (\$) (gross of tax)

Additional Pension Payment – Pension and Transition to Retirement (TTR) Portfolios Only

- Additional pension payment

Amount (\$) (gross of tax)

Please note, for TTR Portfolios a maximum pension payment of 10% p.a. applies.

Please complete the relevant section below.

Note additional identification requirements outlined in Section 7, if you are requesting an electronic transfer of payment to a bank account or another super fund.

Payment destination for cash withdrawals or lump sum commutation

Bank Account Details

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 Statement, available at www.eqt.com.au/global/privacystatement.

Declaration

I declare and/or confirm my understanding that:

- The information provided on this form is true and correct;
- 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 have read the Privacy Statement and understand how my personal information will be collected and used;
- I have read and understood the important information in Section 6 provided with this form;
- I authorise the Trustee to pay my benefit in accordance with the instruction provided above;
- I understand there may be a delay in processing my payment request if I do not provide correct and complete proof of identity documents;
- Where I am invested in an illiquid investment option, the Trustee may take longer to transfer out of that investment option;
- The Trustee is bound by superannuation law, and must comply with the anti-money laundering and counter-terrorism financing laws (AML/CTF laws);
- The Trustee may delay certain transactions in order to comply with AML/CTF laws;
- My personal information may be provided to a third party for the purposes of confirming my identity;
- In processing this form, I am discharging the Trustee of any obligations, and that tax may be withheld to discharge the Trustee's tax liabilities for the Fund;
- I understand that there may be situations that delay or prevent processing of my request and that I will be contacted regarding this;
- If I haven't indicated an intention to claim a tax deduction, I will not be able to claim a tax deduction for the withdrawn contributions in the future. It is my responsibility to contact a Financial Adviser or Tax Agent if I am unsure of my eligibility and obtain the Notice of intent to claim or vary a deduction for personal super contributions form;
- When my full benefit is paid, the Trustee shall be released from all claims, liabilities and obligations once my Portfolio is closed; and
- If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless it has already been provided).

Full name of Member

Signature

Date

Section 6: Important Information

Please ensure you read the following section for important information on the payment of benefits.

Taxation implications of a withdrawal

Lump sum benefits may be subject to tax. The amount of tax may depend on factors including your age, previous benefit payments made and the condition of release under which the benefit is being paid.

It is recommended that you speak with your financial or tax adviser for further information about how tax may apply with respect to your personal circumstances.

Please also read the IconiQ Super Wrap Product Disclosure and the ATO website, for information on taxation in super.

If you intend to submit a notice of intent to claim a tax deduction for any personal contributions made to IconiQ Super Wrap, it is important to note that any withdrawal will impact the amount that you may claim as a deduction.

Preservation components

Your superannuation benefits are classified into three components:

- Unrestricted non-preserved
- Restricted non-preserved
- Preserved

These components determine when the benefit may be paid to you. Please refer to the ATO website for more information on each type.

Conditions of release

The most common conditions of release for paying benefits are outlined below:

- You have reached preservation age and retired
- You have reached preservation age and begin a transition to retirement income stream
- You cease an employment arrangement on or after the age of 60
- You are 65 years old

Preservation Age

Date of Birth	Preservation Age (years)
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
After 30 June 1964	60

In special circumstances, at least part of your super benefits can be released before you reach preservation age. These include, but are not limited to, the circumstances listed below:

- Permanent incapacity
- Severe financial hardship
- Compassionate grounds
- Terminal medical condition

The following sections provide additional information on the early release of your super, and outline the documentation required to support your application. For more details please refer to the ATO website at www.ato.gov.au/individuals/super/withdrawing-and-using-your-super/early-access-to-your-super.

Permanent Incapacity

A permanent incapacity benefit is payable if, after considering the relevant evidence, including medical reports, you are determined to be physically or mentally incapacitated to such an extent that you are unlikely to ever be able to work for reward again. To support your submission of this form, please provide the documentation listed below.

Required Documentation

- Original medical certificates from two different legally qualified medical practitioners which state that you meet the definition of permanent incapacity
- Statutory Declaration for Permanent Incapacity (available at the end of this form)

Compassionate grounds

To apply for early release of your super on compassionate grounds, you must first apply to the ATO through your MyGov account. If the ATO approves your application, you will receive a letter of approval.

Please provide a copy of your approval letter when you submit this form.

Required Documentation

- Letter of approval from the ATO confirming your application has been successful.

Terminal medical condition

If you have been diagnosed with a terminal medical condition you may be eligible for the release of your superannuation benefit. To apply for a terminal medical condition benefit payment, please provide evidence that two registered medical practitioners (with at least one being a specialist practicing in the area related to the illness or injury) have certified that you suffer an illness or injury that is likely to result in death within a 24-month period.

Required Documentation

- 2 valid certificates from 2 registered medical practitioners (with at least one being a specialist practicing in the area related to the illness or injury) certifying that you suffer an illness or injury that is likely to result in death within a 24-month period.

Section 7: Identification Requirements

Identification for all benefit payment requests

Please supply a certified copy of your identification documents to support your benefit payment request. If you are unable to provide documentation from the primary identification list, we can also accept two forms of secondary documentation as outlined below.

Primary Identification Requirements

A certified copy of one of the following:

- Current Australian driver's licence or foreign equivalent that includes your photo and signature.
- An Australian passport or foreign equivalent that includes your signature (may be current, or expired within 2 years).
- An identity card issued by a State or Territory Government that includes your photo.

Secondary Identification Requirements

Should you be unable to provide a primary identification document from the list above, please provide one certified document from Column A and one certified document from Column B.

Column A	Column B
<input type="checkbox"/> Australian birth certificate	<input type="checkbox"/> A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and which contains your name and residential address.
<input type="checkbox"/> Australian citizenship certificate	<input type="checkbox"/> A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to you), which contains your name and residential address. Please block out your TFN before providing this document.
<input type="checkbox"/> Pension card issued by the Department of Human Services	<input type="checkbox"/> A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to you or your address (the document must contain both your name and address).

Identification for EFT Payments

For an EFT paid directly to your own personal bank account, please provide copies of:

- A bank statement showing the account is held in your own name or joint names.

Identification for Rollovers to a Self-Managed Super Fund (SMSF)

For a rollover into an SMSF, please also provide:

- The SMSF's ABN number;
- a certified copy of the front page and signature page of the Trust Deed; and
- a copy of a bank statement showing the account holder details.

Who can certify your documentation

Your documentation can be certified by any of the following individuals:

- A person who is licensed or registered to practice in one of the following occupations:
 - Chiropractor
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Trade marks attorney
 - Veterinary surgeon
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of the Australian Trade and Investment Commission who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - c. exercising his or her function in that place
- Employee of the Commonwealth who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
 - c. exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this Part
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - a. an officer; or
 - b. a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
 - c. a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants

- Member of:
 - a. the Parliament of the Commonwealth; or
 - b. the Parliament of a State; or
 - c. a Territory legislature; or
 - d. a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority; or
 - c. a local government authority; with 2 or more years of continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees
- A person authorised as a notary public in a foreign country.

Statutory Declaration for Permanent Incapacity

I, (Member Full Name),

of (Postal Address),

Suburb

State

Postcode

declare I have permanently ceased employment due to my illness/injury, resulting in my inability to be employed ever again in any capacity for which I am reasonably qualified by education, training or experience.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true and correct.

Full name of Member

Signature

Date

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

Declared at (Place)

Witness information

To be signed by a person who may witness a statutory declaration under the law of the state or territory in which this declaration is made. This may include any person listed in section 7 - Who Can Certify Your Documentation.

Title

First Name of Witness

Last Name of Witness

Occupation of Witness

Witness address

Suburb

State

Postcode

General Advice

The information in this document is general information only and does not take into account your personal financial situation or needs. You should consult a licensed financial adviser to obtain financial advice that is tailored to suit your personal circumstances.

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](#).