

## Super Choice – Fund nomination form

Complete this form and provide it to your employer for them to pay all future super contributions to IconiQ Super Wrap.

## **Chosen fund details**

Fund Name	
Address	
Account number	
Account/member name	
Fund Australian Business Number (ABN)	
Fund Unique Superannuation Identifier (USI)	
Fund contact	
Tax File Number (TFN)*	

Your TFN also makes it easier to keep track of any super accounts in your name so that you receive all your super when you retire.

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757 is the trustee of the 'IconiQ Super Wrap' ABN 18 906 079 389.

<sup>\*</sup> You do not have to provide your TFN, but there may be consequences if you do not provide it. You don't have to provide your TFN, but if your super fund does not have it, your super contributions may be taxed at a higher rate and you won't be able to make personal contributions to your fund.

made to my chosen fund above.
Date  D D M M Y Y Y Y

Please provide this form to your employer and keep a copy for your own records. Do not send this form to IconiQ Super Wrap or the Australian Taxation Office (ATO). If you or your employer have any questions, you can contact IconiQ Super Wrap Client Support on 1300 746 454.

## Complying superannuation fund notice

Equity Trustees Superannuation Limited (ABN 50 055 641 757) is the trustee of the WRAP Super (ABN 18 906 079 389) (Fund). IconiQ Super Wrap (USI 18906079389002) is a division within the Fund.

This complying superannuation fund notice confirms that the Fund:

- is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS); and
- is not subject to a direction not to accept any employer contributions under section 63 of SIS.