

# IconiQ Investment Portfolio closure form

You can use this form to make a full withdrawal and close your Portfolio(s).

## Section 1: Personal Details

Portfolio number

### Part A: Individual Investor or Joint Investor

#### Client 1

Title

☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Date of birth

D	D	M	M	Y	Y	Y	Y
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Full name

Address

Suburb

State

Postcode

Email Address

Phone number

## Client 2 (for Joint Investors only)

Title

☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Date of birth

D	D	M	M	Y	Y	Y	Y
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Full name

Address

Suburb

State

Postcode

Email Address

Phone number

## Part B: Company, Trust, Self Managed Superannuation Fund

Name of Entity/Company/Corporate Trustee

Name of Trust (if applicable)

## Name of Contact Person

Title

☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Date of birth

D	D	M	M	Y	Y	Y	Y
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Full name

Address

Suburb

State

Postcode

Email Address

Phone number

## Section 2: Withdrawal Payment Details

**Details of bank/financial institution to be credited. The nominated bank account must be held solely or jointly in your name**

Account name

Name of bank/financial institution

BSB

Account number

## Section 3: Declaration

By signing this form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I understand that all investment options will be sold to cash prior to transferring to my nominated bank account.
- I understand that where funds are invested in illiquid investment options, it may take longer to sell down and transfer the investment option
- I understand that there may be additional reasons for not being able to action the withdrawal/closure request, for example, where incomplete instructions have been provided

This form must be signed by all signatories to the account (as applicable). For joint accounts, all account holders must sign.

Companies may sign in accordance with their constitution and the law. If you require more than two (2) signatories, please copy this page.

**Note:** If this form is signed under a Power of Attorney or Executor, additional documentation must be provided with this form. Please attach a **valid, certified copy** of the relevant documents and a current Will with this form. Failure to do so may delay the processing of the request.

### Signatory 1

Full name

Position/title

☐ Individual ☐ Director ☐ Company secretary ☐ Other

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## Signatory 2 (if applicable)

Full name

Position/title

☐ Individual ☐ Director ☐ Company secretary ☐ Other

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 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

### Your Privacy

When you provide instructions by completing this form, personal information about you is being collected. If you hold an IconiQ Investment Portfolio, information about how the Operator collects, uses and discloses your personal information is set out in the Operator's Privacy Policy, available at **[www.iconiqwrap.com.au](http://www.iconiqwrap.com.au)**.

### IconiQ Investment

GPO Box 1657  
Melbourne VIC 3001  
Phone: 1300 746 454

**[www.iconiqwrap.com.au](http://www.iconiqwrap.com.au)**

Issued by:

Ventura Investment Management Ltd  
ABN 49 092 375 258

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