

Power of Attorney

Use this form to assign a Power of Attorney (POA) to your account. You should read the relevant Disclosure Document(s) before completing this form.

Documents required

- ☐ A certified copy of the POA documentation.
- ☐ A copy of photographic identification for the Attorney 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 A: Attorney Details

Title

☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family Name

First Given Name

Other Given Names

Date of Birth

Gender ☐ Male ☐ Female ☐ I'd rather not say

Country of Birth

Section B: Attorney Contact Information

Primary Residential Address

Suburb

State

Postcode

Country if Outside of Australia

Postal Address (if different from residential address)

Suburb

State

Postcode

Country

Email Address

Mobile

Home Phone (optional)

Business Phone (optional)

Preferred contact method

Email

Mobile

Home Phone

Business Phone

Section C: Regulatory Check Information

Primary Country of Citizenship

Australia

Other

Primary Country of Tax Residency

Australia

Other

Section D: Your Details and Portfolio Information

Your Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Portfolio Number (Account Number eg. IQ1234567)

Portfolio Name

Account Access Level

Read and Write

Read Only

Section E: Privacy and Declaration

Your Privacy

When you provide instructions by completing this form, personal information about you and your attorney is being collected. If you hold an IconiQ Investment and/or IconiQ Super Wrap portfolio, information about how the Operator and/or Trustee collects, uses and discloses your and your attorney's personal information is set out in the Operator's Privacy Policy available at www.iconiqwrap.com.au and the Trustee's Privacy Statement at www.eqt.com.au.

Declaration and Signature

- By signing below:
- I confirm that the details on this form are true and correct;
- I have read and understood the relevant Disclosure Document(s);
- I understand that the information provided in this form will be provided to third party providers for the purposes of verifying my and my attorney's identity;
- I have obtained consent from my attorney to provide their personal details in relation to this form;
- I confirm the Power of Attorney referred to in this form (POA) is active and has not been withdrawn;
- I understand the POA assigned to my account will stay active until the expiration date or it is revoked.

Full Name

Signature

Date

D

D

M

M

Y

Y

Y

Y

How to return this form

Provide to your Adviser

Provide this form to your Financial Adviser to upload on your behalf via the IconiQ portal (Portfolios > Reports & Documents > Submit Superannuation/IDPS Forms).

IconiQ Investment issued by the Operator:

Ventura Investment Management Ltd
ABN 49 092 375 258 AFSL 253045

IconiQ Super Wrap issued by the Trustee of WRAP Super:

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

Ventura Investment Management Ltd is also the Promoter of IconiQ Super Wrap and a wholly owned subsidiary of Centrepont Alliance Limited ABN 72 052 507 507.