

Super Choice – Fund Nomination

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

Section A: Chosen Fund Details

Fund Name

IconiQ Super Wrap

Address

GPO Box 1657

Suburb

Melbourne

State

VIC

Postcode

3001

Account Number

Account/Member Name

Fund Australia Business Number (ABN)

18 906 079 389

Fund Unique Superannuation Identifier (USI)

18906079389002

Fund Contact

1300 746 454

Tax File Number (TFN)*

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* 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.

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.

I request that all future employer contributions are to be made to my chosen fund above.

Employer name

Employee name

Employee number (if applicable)

Signature

Date

DDMMYYYY

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.