

Superannuation Contributions

Section A: Your Details

Tax File Number (TFN)

You don't have to provide your TFN to your superannuation fund. However, if your superannuation fund does not have your TFN, they cannot accept personal contributions (and other member contributions) and extra tax may be deducted from your employer contributions (and other assessable contributions).

be deducted from your employer contribution	ons (and other assessar	ble contributions).	
Title			
Mr Mrs Miss Ms Other			
Family Name			
First Given Name	Other Given Names		
Address			
Suburb		State	Postcode
Date of Birth			
DDMMYYYY			
Daytime Phone Number (include area code)			
Email Address			

Section B: Your Superannuation Fund's Details

Super Fund Name	
IconiQ Super Wrap	
Australian Business Number (ABN)	18 906 079 389
Member Account Number	IQ

Section C: Your Spouse's Details

Tax File Number (TFN)

have your TFN, they cannot accept personal contribe deducted from your employer contributions (ar		
be deducted from your employer contributions (ar	id other assessable contributions	<i>)</i> .
Title		
Mr Mrs Miss Ms Other Family Name		
First Given Name Othe	er Given Names	
Address		
Suburb	State	Postcode
Date of Birth		
D D M M Y Y Y Y		
Daytime Phone Number (include area code)		
Email Address		
Littali Address		
Littali Address		
Section D: Your Spouse Details	e's Superannuat	ion Fund's
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Section D: Your Spouse Details Super Fund Name Australian Business Number (ABN) Unique Superannuation Identifier (USI) Member Account Number	e's Superannuat	ion Fund's
Section D: Your Spouse Details Super Fund Name Australian Business Number (ABN) Unique Superannuation Identifier (USI) Member Account Number	e's Superannuat State	ion Fund's Postcode
Section D: Your Spouse Details Super Fund Name Australian Business Number (ABN) Unique Superannuation Identifier (USI) Member Account Number Super Fund Address		
Section D: Your Spouse Details Super Fund Name Australian Business Number (ABN) Unique Superannuation Identifier (USI) Member Account Number Super Fund Address Suburb	State	
Section D: Your Spouse Details Super Fund Name Australian Business Number (ABN) Unique Superannuation Identifier (USI) Member Account Number Super Fund Address Suburb Super Fund Daytime Phone Number (include area	State	
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Section D: Your Spouse Details Super Fund Name Australian Business Number (ABN) Unique Superannuation Identifier (USI) Member Account Number Super Fund Address Suburb Super Fund Daytime Phone Number (include area	State	

You don't have to provide your TFN to your superannuation fund. However, if your superannuation fund does not

Section E: Contributions Splitting Details

Financial Year Ending

This must be either the current financia	al year or the previous financial year. Contribut	ions made before the
start of the last financial year cannot be	e split.	

Day/Month/Year			
30 / 06 /			
Taxed Splittable Contribution	ons		
contributions you made year. From 1 July 2019, the cap if you are eligible. To concessional cap, have a year, and have unused contribute first year you can acceptable general concessional	ne concessional contribution be eligible you must make total superannuation bala oncessional cap space from crue unused concessional cap plus the previous	nan your concessional cor ons cap may be increased e concessional contribution nce less than \$500,000 in the previous 5 years (wi contributions). Your concessional acreased concessional cor	more than 85% of the atributions cap for the financial above the general concessional cons in excess of the general ammediately prior to the financial at 2018–19 financial year being essional contributions cap will contributions made in excess of atributions cap, will be used to
The contributions in this	category include:		
employer contribution	ons (including salary sacrifi	ce contributions)	
deduction for (You a deduction for persor	dvise your super fund by g nal super contributions for	giving them a completed m available from our web	r super fund you will claim as a tax Notice of intent to claim or vary a site or your fund may have their rannuation contributions splitting
Dollar Amount \$		OR Percentage	%
	centage that your spouse i		tion fund that you are requesting
Dollar Amount \$		OR Percentage	%
	contributions detailed in seare that the information pro	ection E to the superannu	ation ation account of my spouse as rect and confirm that the amount
Name			
Signature		Date	YY

Section G: Your Spouse's Declaration

I declare that at the date of this application I am the spouse of the applicant and I am either:

- · less than my preservation age
- between my preservation age and 65 years, and not retired.

Name	
Signature	Date
	DDMMYYYY

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 Documents).

If required, you may post this form to: GPO Box 1657 Melbourne VIC 3001

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.