

Rollover Request

You can use this form to rollover or transfer your benefits from another superannuation fund(s) to your IconiQ Super Wrap Portfolio.

Warning about insurance benefits:

The superannuation fund you are transferring from may provide you with insurance against death, illness or accident in the form of life insurance, disability insurance and/or income protection insurance. When you submit this form and transfer your benefits, you may lose any insurance entitlements you have. You should consider any insurances you may lose as a result of this transfer.

Section A: Portfolio Details

This is the IconiQ Super Wrap Portfolio that you are transferring your benefits into.

Portfolio Number (Account Number eg. IQ1234567)

Full Name¹

Date of Birth

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Residential Address

Suburb

State

Postcode

Tax File Number

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Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be financial consequences if you do not. Refer to the Product Disclosure Statement for more information.

1. Please attach certified documentary evidence if your name has changed (i.e. marriage certificate, deed poll, etc).

IconiQ Super Wrap

A Division of WRAP Super ABN 18 906 079 389

GPO Box 1657, Melbourne VIC 3001 P: 1300 746 454 E: clientsupport@iconiqwrap.com.au USI 18906079389002

Issued by the Trustee of WRAP Super:

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

Section B: Provide Details of the Fund(s) You are Transferring From

Complete details of each of the superannuation funds you are transferring from. If you have more than five (5) superannuation funds to transfer from, please complete a separate form.

If you are transferring from a Self Managed Superannuation Fund, please complete Section C.

1. Fund/Product Name

Unique Super Identifier (USI)

ABN

Member Number

☐ Full Rollover/Transfer OR ☐ Partial Rollover/Transfer Amount (\$)

2. Fund/Product Name

Unique Super Identifier (USI)

ABN

Member Number

☐ Full Rollover/Transfer OR ☐ Partial Rollover/Transfer Amount (\$)

3. Fund/Product Name

Unique Super Identifier (USI)

ABN

Member Number

☐ Full Rollover/Transfer OR ☐ Partial Rollover/Transfer Amount (\$)

4. Fund/Product Name

Unique Super Identifier (USI)

ABN

Member Number

☐ Full Rollover/Transfer OR ☐ Partial Rollover/Transfer Amount (\$)

5. Fund/Product Name

Unique Super Identifier (USI)

ABN

Member Number

☐ Full Rollover/Transfer OR ☐ Partial Rollover/Transfer Amount (\$)

Section C: Provide Details if You are Transferring From a Self Managed Superannuation Fund

Fund Name

Electronic Service Address

ABN

Member or Account Number

Contact Phone Number

Postal Address

Suburb

State

Postcode

Country (if not Australia)

☐ Full Rollover/Transfer OR ☐ Partial Rollover/Transfer Amount (\$)

Where transferring from a Self Managed Superannuation Fund, please also provide confirmation of the rollover electronically via SuperStream. Please contact your registered electronic service address ('ESA') provider, fund administrator or accountant for more details on how you can obtain this confirmation.

Section D: Details of the Fund You Are Transferring To

Fund Name	WRAP Super
Fund ABN	18 906 079 389
Division Name	IconiQ Super Wrap
Division USI	18906079389002
Contact Number	1300 746 454
Address	GPO Box 1657, Melbourne VIC 3001
Email	clientsupport@iconiqwrap.com.au

Section E: Privacy and Member Declaration

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.

Declaration

By submitting this instruction, I represent to the Trustee of the IconiQ Super Wrap that all the details in this form are true and correct, and I declare that:

- 1. I authorise the transfer of my benefits from the fund(s) shown in Section/s B and/or C ('previous fund(s)') to IconiQ Super Wrap, a division within the WRAP Super, a complying superannuation fund for the purposes of the Superannuation Industry (Supervision) Act 1993;
- 2. I understand that if I have made personal contributions and intend to claim a deduction from the previous fund(s), I must complete and lodge a notice of intent to claim form with the previous fund(s) before consolidating my super. I understand that if I don't, I may lose my entitlement to claim a tax deduction for personal contributions made to the previous fund(s);
- 3. I discharge the trustee(s) of the previous fund(s) from any further liability to pay a benefit to me in respect of those benefits that have been correctly transferred;
- 4. I acknowledge that the transfer of my benefits from the previous fund may be delayed due to circumstances beyond the control of the Trustee of the IconiQ Super Wrap;
- 5. I consent to the deduction by the previous fund(s) of any applicable fees from my benefit as a result of the transfer. (If you are not aware of the fees that may apply, you should contact the previous fund(s) for further information);
- 6. I understand that any insurance I have in the previous fund(s) may be lost as a result of this transfer;
- 7. I have received, read and understood and agree to be bound by the terms and conditions set out in the relevant Product Disclosure Statement for IconiQ Super Wrap current as at the date I sign this form;
- 8. I consent to my TFN being disclosed for the purposes of transferring my benefits to the IconiQ Super Wrap;
- 9. I authorise the Trustee of the IconiQ Super Wrap to disclose to my Financial Adviser information regarding this form and/or my investments held through the IconiQ Super Wrap; and
- 10. I authorise the trustee(s) of the previous fund(s) to provide the Trustee of the IconiQ Super Wrap with all relevant details of my membership and any other relevant information required by law to affect this transfer and forward a payment for the transfer.

Full Name of Member

Signature

Date

DDMMYYYY

Section F: Provide any Additional Instructions

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).