

Third Party Access

Instructions

Use this form to grant access to a financial professional or other representative with read-only access to your Portfolio. This authority provides limited access which does not allow for the nominated individuals to transact on your behalf. You can revoke this authority at any time by notifying in writing. Be sure to sign in section D and return this form.

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 Documents)

If required, you may post this form to:

GPO Box 1657
Melbourne VIC 3001

Documents required

- ☐ A certified copy of photographic identification for each representative to be appointed 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: Your Details

Portfolio Number (Account Number eg. IQ1234567)

Family Name

First Given Name

Other Given Names

Section B: Financial Professional or Other Representative's Details

Title

Family Name

First Given Name

Company Name (if applicable)

Relationship to You

Email (required if platform access requested)

Office Number

Address

Suburb

State

Postcode

Section C: Access Required

Access Required

- ☐ Enquiry access only. Ability to enquire via email and phone, no login credentials will be provided.
- ☐ Read-only online access. Log in credentials will be provided, and access to view information and generate reporting. If previously provided with online access, please provide the User ID here:

Insert User ID

Enquiry Access for Staff Members (optional)

- ☐ Tick to authorise the release of information to all staff members of an authorised representative's company

OR

- ☐ Tick to authorise the release of information only to selected staff members. List names in the table below, include additional pages as required.

First Name

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
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First Name

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Section D: Privacy and Declaration

Your Privacy

When you provide instructions by completing this form, personal information about you and your representative 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 representative'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 consent and authorise for information relating to my portfolio listed in section 1 to be disclosed to the person listed in section 2, including their staff members if indicated. I understand this authority will remain in place unless revoked in writing.
- I understand the information provided will include, but is not limited to, the following:
 - investment and transaction information,
 - the names of all parties listed on the portfolio,
 - the names of other portfolios linked within the household; and
 - access to portfolio reporting and reporting history, and any information stored in the document library.
- I understand this authority provides limited access to my portfolio listed in section 1 which does not allow for the nominated representatives to transact on my behalf.
- I hereby release, discharge and agree to indemnify the Operator of IconiQ Investment and/or Trustee of IconiQ Super Wrap, and any related parties, from and against all actions, proceedings, claims and demands however arising out of the release of this information to the nominated financial professional or other representatives noted in form.

IconiQ Super Wrap

If the portfolio listed in section 1 relates to IconiQ Super Wrap, this form must be signed by you.

Your Full Name

Address

Suburb

State

Postcode

Signature

Date

DDMMYYYY

IconiQ Investment

If the portfolio listed in section A relates to IconiQ Investment, this form must be signed by all required signatories. Companies may sign in accordance with their constitution and the law.

Signatory 1

Full Name

Date of Birth

DDMMYYYY

Address

Suburb

State

Postcode

Signature

Date

DDMMYYYY

Signatory 2 (if applicable)

Full Name

Date of Birth

DDMMYYYY

Address

Suburb

State

Postcode

Signature

Date

DDMMYYYY

Signatory 3 (if applicable)

Full Name

Date of Birth

DDMMYYYY

Address

Suburb

State

Postcode

Signature

Date

DDMMYYYY

Signatory 4 (if applicable)

Full Name

Date of Birth

DDMMYYYY

Address

Suburb

State

Postcode

Signature

Date

DDMMYYYY

Signatory 5 (if applicable)

Full Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Address

Suburb

State

Postcode

Signature

Date

D

D

M

M

Y

Y

Y

Y

Signatory 6 (if applicable)

Full Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Address

Suburb

State

Postcode

Signature

Date

D

D

M

M

Y

Y

Y

Y

It is recommended that you retain a copy of the completed form for your own records.

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.