

Pension Payment Details Adviser Initiated

Adviser Use only.

You can use this form to implement member instructions for additional pension payments (Section B) and/or alter existing pension payment details (Section C) on behalf of your member. All payments will be made to the Portfolio's existing nominated bank account. This form can be signed by the adviser listed on the Portfolio or an alternate adviser provided they are registered with IconiQ under the same practice.

Please note: Valid and certified identification must be on file for the member. The certification must not be older than twenty-four (24) months.

Section A: Personal Details

Portfolio Number (Account Number eg. IQ1234567)

Full Name

Date of Birth

Residential Address

Suburb

State

Postcode

Country if Outside of Australia

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: Additional Payment Request

Complete this section to request an additional payment.

- Please note that any applicable tax will be applied to the cash withdrawal amount specified.
- All deductions are taken from available cash. Should available cash be insufficient to process the amount listed below, automatic disinvestment will be initiated.

☐ Lump Sum Commutation – Pension Portfolios Only Amount (\$) (gross of tax)

OR

☐ Additional Pension Payment – Pension and
Transition to Retirement (TTR) Portfolios Only Amount (\$) (gross of tax)

Please note, for TTR Portfolios a maximum pension payment of 10% p.a. applies.

Section C: Altering Pension Payment Details

Complete both the Payment Amount and Payment Frequency fields to change the amount and/or frequency of an existing regular pension payment.

The amount received may be less than the amount requested below due to any applicable tax being deducted. When calculating minimum or maximum amounts, we will take into consideration any previous amounts paid from IconiQ in that financial year.

PAYMENT AMOUNT

Should you change your requested pension payment amount within a financial year, we will take into account any previous amount paid to you from IconiQ Super Wrap in that financial year. Please note that twice monthly pension payments will be made on the 10th and 24th days of the applicable month. All other pension payments will be made on the 10th day of the applicable month.

- ☐ Minimum Amount
- ☐ Nominated Amount Per Frequency (\$) *
- ☐ Maximum Amount (Transition to Retirement (TTR) Pensions Only)

*If the nominated amount entered does not fall within the required minimum and maximum amounts, we will adjust it accordingly. Refer to the Product Disclosure Statement for further information.

PAYMENT FREQUENCY

The member would like to receive pension payments at the following frequency (please select one):

- ☐ Twice Monthly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually

Effective From (insert date below)

D	D	M	M	Y	Y	Y	Y
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Section D: Adviser 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 Policy available at www.eqt.com.au.

Declaration

I declare and understand that:

- I have received the appropriate authority from the member to make these changes to their Portfolio;
- If the information provided in this form is not correct or verifiable, this form may not be processed or I may be requested to provide additional information;
- The member's Portfolio will be updated to reflect the information in this form;
- The member has had the applicable implications of these changes explained to them, including but not limited to: impact on future payments, taxes, impact on social security entitlements, ability to recontribute and/or death benefit estate planning impacts; and
- I have explained to the member that the member's investments may be disinvested if they have insufficient cash available to fund the payment, and referred the member to the Product Disclosure Statement for further information.

Full Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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How to return this form

Upload this form via the IconiQ portal

Portfolios > Reports & Documents > Submit Superannuation Documents

When submitting, please select the appropriate category:

- For payment requests, choose: Benefit Payment Request Form
- For changes to pension payment details, choose: Pension Payment Details Form