

Election to become a Public Offer Superannuation Fund

Superannuation Industry (Supervision) Act 1993



Name of regulated superannuation fund for which this election is made

(Insert the full name of the fund, as shown on the trust deed.)

RSE registration number

(This is the number allocated to the fund by the Australian Prudential Regulation Authority (APRA) or its predecessor, the Insurance and Superannuation Commission. The RSE registration number should be used as a reference number on all future correspondence with APRA.)

--

Address for correspondence

(The usual address for correspondence for the fund should be provided. Where an address is likely to relate to more than one fund, please ensure that the address is shown exactly the same on the documents for each fund. This includes standardising abbreviations.)

At the office of (care of)	
Suite	Floor
Property (e.g. building name)	
Street no./PO Box	
Street name	
Suburb/City	
State	Postcode
Country	

Trustee information

Name

--

Telephone number

()

Australian Business Number (ABN)

--

RSE licence number

--

Address of registered office

Please provide the address of the registered office of the trustee (where it is different from the address for correspondence given above).

At the office of (care of)	
Suite	Floor
Property (e.g. building name)	
Street no./PO Box	
Street name	
Suburb/City	
State	Postcode
Country	

Date of approval as 'RSE licensee' (if applicable)

(This refers to the date when the RSE licensee was granted an RSE licence under section 29D(1) of the *Superannuation Industry (Supervision) Act 1993* (SIS Act).

Date

	Day		Month		Year
	/		/		

Election by Trustee

The Trustee of (insert full name of the fund)

RSE registration number

--

under subsection 18(2) of the SIS Act, **elects** that the fund is to be treated as a public offer superannuation fund for the purposes of the SIS Act.

Certificate by the persons signing this form

We, the persons signing this form, **certify** that:

- (a) we understand that this election is irrevocable, by virtue of subsection 18(5) of the SIS Act; and
- (b) the particulars contained in this form are correct.

Execution

This form must be signed by:

- two directors; or
- one director and the secretary of the trustee.

(Note 1: The Trustee's common seal does **not** have to be used.)

(Note 2: If the Trustee is a proprietary company that has a sole director who is also the sole company secretary, it may be signed by the sole director alone.)

Director's name (please print)

Signature

Date

Day	Month	Year
/	/	

Office held (tick one)

Director Secretary

Name (please print)

Signature

Date

Day	Month	Year
/	/	

Office use only

SIS action

Print name/signatures

Authorised person

Acknowledged

Date of receipt

Day	Month	Year
/	/	

Where to send this form

The original of this form should be sent to the person at APRA who has been designated as the relationship manager of the fund, at:

Australian Prudential Regulation Authority
GPO Box 9836
(In your capital city)*

* Forms from the Northern Territory should be sent to the APRA office in Adelaide.

Forms from Tasmania should be sent to the APRA office in Melbourne.

Enquiries

Should you require any assistance in completing this form, please call the responsible supervisor of the fund at APRA.