



Application form - RSE licence

Under s. 29C of the Superannuation Industry (Supervision) Act 1993

Part A – General information

Application details

DRAFT RSE licence application

Is this a draft RSE licence application? Yes No

A1 - Licence class

This application is for the following licence class (*check box*):

- Public Offer Entity licence
- Non-Public Offer Entity licence
- Extended Public Offer Entity licence

A2 - Applicant

This application is being submitted for the following type of Applicant (*check box*):

- Constitutional corporation
- Body corporate other than a constitutional corporation
- Group of individual trustees

A3 - Contact details

Contact person – primary

Title Mr Mrs Ms Other

Name

Position held

Office use only.

Part A continues on the next page

D D M M Y Y Y Y
 / /



Part A – General information (continued)

Telephone numbers

Direct business number

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Mobile number

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Facsimile number

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Email

Contact person – secondary

Title

Mr Mrs Ms Other

Name

Position held

Telephone numbers

Direct business number

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Mobile number

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Facsimile number

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Email

A4 – Body corporate details

(a group of individual trustees is not required to complete this section)

Name of body corporate

Trading name(s)

Part A continues on the next page



Part A – General information (continued)

ABN

Registered address

Street address
(if same as registered address, write "as above")

Postal address
(if same as registered address, write "as above")

Website

Corporation ownership structure *(check box)*

- Financial services corporation ownership
- Employer sponsor corporation ownership
- Public sector organisation ownership
- Nominating organisation ownership
- Public company ownership
- Other ownership type – explain below

OTHER OWNERSHIP - EXPLAIN BELOW

Historical ASIC company search Attached

Part A continues on the next page



A5 – Responsible person details – Director / Individual trustee

(complete this section for each director / individual trustee – provide a separate copy of section A5 for each responsible person as required)

Title Mr Mrs Ms Other

Name of Director/
Individual trustee

Date of birth
D D M M Y Y Y Y
 / /

Former name(s)

Position of Director / Individual trustee (check box)
Executive director
Non-executive director
Independent director
Employer representative
Member representative
Individual trustee (in a group of individual trustees)

Chairperson of the Board Yes No

Curriculum vitae Attached

Employer name

Postal address

Telephone numbers
Direct business number

Part A continues on the next page



A5 – Responsible person details – Director / Individual trustee (continued)

Mobile number	<input type="text"/>																				
Facsimile number	<input type="text"/>																				
Email	<input type="text"/> <input type="text"/>																				
Nationality	Attached <input type="checkbox"/>																				
Australian residency	Attached <input type="checkbox"/>																				
Date of appointment	<table border="0" style="margin-left: 20px;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Directorships and shareholdings (check box)	Yes – complete section B9 <input type="checkbox"/> No <input type="checkbox"/>																				
Financial benefit (check box)	Yes – complete section B9 <input type="checkbox"/> No <input type="checkbox"/>																				
Fit and proper assessment	Attached <input type="checkbox"/>																				
Disqualified person status	Attached <input type="checkbox"/>																				

Part A continues on the next page



A6 – Responsible person details – Secretary

Title Mr Mrs Ms Other

Name of Secretary

Date of birth

D	D		M	M		Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Former name(s)

Position title

Postal address

Telephone numbers
Direct business number

Mobile number

Facsimile number

Email

Nationality Attached

Australian residency Attached

Part A continues on the next page



A6 – Responsible person details – Secretary (continued)

Date of appointment

D	D		M	M		Y	Y	Y	Y
		/			/				

Directorships and shareholdings
(*check box*)

Yes – *complete section B9* No

Financial benefit (*check box*)

Yes – *complete section B9* No

Fit and proper assessment

Attached

Disqualified person status

Attached

Part A continues on the next page



A7 – Responsible person details – Senior manager

(complete this section if applicable provide a separate copy of section A7 for each responsible person)

Title Mr Mrs Ms Other

Name of senior manager

Date of birth

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Former name(s)

Position title

Main responsibilities MAIN RESPONSIBILITIES

Postal address

Telephone numbers
Direct business number

Mobile number

Facsimile number

Email

Part A continues on the next page



A7 – Responsible person details – Senior manager (continued)

Nationality Attached

Australian residency Attached

Date of appointment

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Directorships and shareholdings
(check box) Yes – complete section B9 No

Financial benefit (check box) Yes – complete section B9 No

Fit and proper assessment Attached

Disqualified person status Attached

Part A continues on the next page



A8 – Responsible person details – Proposed RSE auditor *(complete this section if applicable)*

Title Mr Mrs Ms Other

Name of proposed RSE auditor

Date of birth
D D M M Y Y Y Y
 / /

Former name(s)

Organisation name

ABN

Postal address

Telephone numbers
 Direct business number

Mobile number

Facsimile number

Email

Date of appointment
D D M M Y Y Y Y
 / /

RSE auditor independence Attached

Part A continues on the next page



A8 – Responsible person details – Proposed RSE auditor (continued)

Fit and Proper assessment Attached

Additional fitness and propriety
criteria applying to RSE auditors Attached

Proposed RSE auditor declaration Attached

Part A continues on the next page

A9 – Responsible person details – Proposed RSE actuary (complete this section if applicable)

Name of proposed RSE actuary

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Date of birth

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Former name(s)

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Organisation name

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ABN

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Postal address

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Telephone numbers

Direct business number

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Mobile number

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Facsimile number

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Email

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Date of appointment
(where appointed)

D	D	/	M	M	/	Y	Y	Y	Y

Fit and Proper assessment

Attached

Additional fitness and propriety criteria applying to RSE actuaries

Attached



A10 - Australian Financial Services Licence (AFSL) *(complete this section if applicable)*

Name of AFSL holder

ABN

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AFSL number

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Date last issued

D	D		M	M		Y	Y	Y	Y
		/			/				

AFSL

Attached

Part A continues on the next page



A11 - Trustee insurance *(complete this section for each insurance policy)*

Class of insurance

Name of the insurer

ABN

Name of the insured

Period of insurance

D	D		M	M		Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

to

D	D		M	M		Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fidelity cover Yes No

Fraud cover Yes No

Indemnity limits Attached

Insurance policy Attached

Part A continues on the next page



A12 – Other business (complete this section if applicable)

Name of company / business

Trading name(s)

ABN

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Description of business

DESCRIPTION OF BUSINESS

Applicant’s association with business

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Registered address

Street address
(if same as registered address, write “as above”)

Postal address
(if same as registered address, write “as above”)

Part A continues on the next page



A13 – Controlling influence - natural person *(complete this section if applicable)*

Name of person

Relationship to Applicant

Postal address

Telephone numbers

Direct business number

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Mobile number

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Facsimile number

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Email

Date of birth

Nationality Attached

Person's controlling influence Attached

Part A continues on the next page



A14 – Controlling influence – corporation (continued)

Email

Website

Corporation’s controlling influence Attached

End of Part A – General Information



Part B – Likely compliance with prudential standards

B1 – Prudential Standard SPS 114 Operational Risk Financial Requirement

B1.1 – ORFR

ORFR strategy Attached

B2 – Prudential Standard SPS 220 Risk Management

B2.1 Risk management framework

Risk appetite statement Attached

Risk management strategy Attached

Risk management policies and procedures Attached

Designated risk management function Attached

Risk management role statements Attached

B2.2 Business plan

Business plan Attached

B2.3 Internal audit

Internal audit arrangements Attached

Internal audit – engagement letter (*where applicable*) Attached

B2.4 Adequacy of resources

Statement of financial position Attached

Financial budget forecasts Attached

Human resources – adequate resources Attached

Technical resources – adequate resources Attached

SuperStream Attached

Attachment A – SPS 220 – Paragraph (h) Attached

Part B continues on the next page



Part B – Likely compliance with prudential standards (continued)

B3 – Prudential Standard SPS 231 Outsourcing

B3.1 Outsourcing policy

Outsourcing policy

Attached

B3.2 Outsourced material business activities *(provide an additional table where needed)*

Name of service provider	Role	Offshore	Outsourcing agreement
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
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		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>

B4 – Prudential Standard SPS 232 Business Continuity Management

B4.1 Business continuity management

Business continuity management policy

Attached

Business continuity plan

Attached

If separate documents

Business impact analysis

Attached

Disaster recovery objectives and strategies

Attached

B5 – Prudential Standard SPS 250 Insurance in Superannuation

B5.1 Insurance management framework

Insurance policies and procedures

Attached

Insurance management role statements

Attached

Declined insurance applications policy

Attached

Part B continues on the next page



Part B – Likely compliance with prudential standards (continued)

B5.2 Selection of insurers

Selection of insurers

Attached

B5.3 Insurance arrangements (provide an additional table where needed)

Insurer name	ABN	Associate	Insurance type	Insurance agreement
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Life Insurance <input type="checkbox"/> Total & permanent disability <input type="checkbox"/> Income protection <input type="checkbox"/> Other <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Life Insurance <input type="checkbox"/> Total & permanent disability <input type="checkbox"/> Income protection <input type="checkbox"/> Other <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Life Insurance <input type="checkbox"/> Total & permanent disability <input type="checkbox"/> Income protection <input type="checkbox"/> Other <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Life Insurance <input type="checkbox"/> Total & permanent disability <input type="checkbox"/> Income protection <input type="checkbox"/> Other <input type="checkbox"/>	Attached <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Life Insurance <input type="checkbox"/> Total & permanent disability <input type="checkbox"/> Income protection <input type="checkbox"/> Other <input type="checkbox"/>	Attached <input type="checkbox"/>

Part B continues on the next page



Part B – Likely compliance with prudential standards (continued)

B6 – Prudential Standard SPS 310 Audit and Related Matters

B6.1 Proposed appointed auditor

Has a proposed RSE auditor been appointed? Yes – also complete section A8 No

Terms of engagement (if available) Attached

B7 – Prudential Standard SPS 510 Governance

B7.1 Governance – Board

Board charter Attached

Board delegated authority Attached

Board skills Attached

Board renewal policy Attached

B7.2 Remuneration

Remuneration policy Attached

Board remuneration committee charter Attached

B7.3 Audit

Board audit committee charter Attached

Confidential information policy / procedures Attached

B7.4 Other Board committees (provide additional table where needed)

Committee Name	Membership	Board committee charter
		Attached <input type="checkbox"/>
		Attached <input type="checkbox"/>
		Attached <input type="checkbox"/>

Part B continues on the next page



Part B – Likely compliance with prudential standards (continued)

B8 – Prudential standard SPS 520 Fit and Proper

Fit and proper policy Attached

Responsible person competencies Attached

B9 – Prudential standard SPS 521 Conflicts of Interest

Conflicts management policy Attached

Conflicts management role statements Attached

Register of relevant duties Attached

Register of relevant interests Attached

B10 – Prudential standard SPS 530 Investment Governance

Investment governance framework Attached

Investment activity role statements Attached

Investment selection process Attached

Stress testing program Attached

B11 – Prudential standards – Additional matters

Additional matters demonstrating likely compliance with prudential standards Attached

End of Part B – Likely compliance with prudential standards



Part C – Attestations

Attestation A – Body corporate

The body corporate attests that each of the statements (i) to (ii) in this certificate is true and correct:

(i) Information provided

The Applicant attests that the information provided as part of this application complies with the relevant sections of the SIS Act and the relevant prudential standards.

The Applicant agrees to comply with written requests that are given to it by APRA before an RSE licence is granted.

In addition, the Applicant confirms that any changes to the information provided in this application will be provided to APRA as soon as practicable after making the modification.

(ii) Further information

The Applicant acknowledges that APRA may ask for more information and agrees that it will promptly provide any information that APRA reasonably considers is necessary in order for the application to proceed, and in the event that the application is approved.

Body corporate

At least two directors of the body corporate must sign the attestation.

Name

Position

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Signature SIGNATURE IN HERE

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Date

D	D	/	M	M	/	Y	Y	Y	Y

Name

Position

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Part C continues on the next page



Part C – Attestations (continued)

Signature

SIGNATURE IN HERE

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Date

D	D		M	M		Y	Y	Y	Y
		/			/				

Attestation B – Group of individual trustees

Each trustee attests that each of the statements (i) to (ii) in this certificate is true and correct:

(i) Information provided

The Applicant attests that the information provided as part of this application complies with the relevant Prudential Standards and the relevant sections of the SIS Act.

The Applicant agrees to comply with written requests that are given to it by APRA before an RSE licence is granted.

In addition, the Applicant confirms that any changes to the information provided in this application will be provided to APRA as soon as practicable after making the modification.

(ii) Further information

The Applicant acknowledges that APRA may ask for more information and agrees that it will promptly provide any information that APRA reasonably considers is necessary in order for the application to proceed, and in the event that the application is approved.

Group of individual trustees

Each trustee in a group of individual trustees must sign the attestation.

(provide an additional attestation if further space is required to accommodate all trustee signatures.)

Name

Position

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Signature

SIGNATURE IN HERE

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Date

D	D		M	M		Y	Y	Y	Y
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Part C continues on the next page



Part C – Attestations (continued)

Name

Position

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Signature

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Date

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		/			/				

Name

Position

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Signature

SIGNATURE IN HERE

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Date

D	D		M	M		Y	Y	Y	Y
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Part C continues on the next page



Part C – Attestations (continued)

Name

Position

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Signature

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Date

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Name

Position

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Signature

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Date

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Part C continues on the next page



Part C – Attestations (continued)

Notes

Penalties

Applicants should note that giving false or misleading information is a serious offence (see s. 36.1, s. 137.1 and s. 137.2 of the *Criminal Code Act 1995*). Where information is disclosed to APRA as part of this application, APRA may in turn disclose that information in any of the circumstances permitted by s. 56 of the *Australian Prudential Regulation Authority Act 1998*.

Is there a prescribed fee?

Applicants seeking an RSE licence are required to pay the appropriate fee. The Schedule of Fees as stipulated in r. 3A.06 of the Regulations are dependent on the class of RSE licence the applicant is seeking.

The Schedule of Fees is available on APRA's [website](#).

Where to lodge the application form

Applications and the prescribed fee should be mailed to:

Australian Prudential Regulation Authority, GPO Box 9836 in all capital cities (except Hobart and Darwin)

End of form.