

# Appeal against a decision given by the scheme manager on completion of the Financial Assistance Scheme's internal review procedure

Before completing this form, please carefully read the green booklet, Financial Assistance Scheme - How the Pension Protection Fund Ombudsman can help you, that accompanies it. You should ensure that this appeal form is received by the PPF Ombudsman within two months of the scheme manager's decision. The PPF Ombudsman will acknowledge receipt of your appeal.

**Notes on completing this form - please read all the notes A to E carefully before completing the form.**

**A.** If you are completing this form yourself and are not appointing someone to represent you, please complete sections **1, 4, 5** and **6**. Please also see note **E** below.

**B.** If you are completing this form yourself but you also wish to appoint someone to represent you, please complete section **3** below and pass the form to your representative to complete sections **1, 2, 4, 5** and **6**. Please see also note **E** below.

**C.** If you are representing someone, complete sections **1, 2, 4, 5** and **6** and the person represented will need to complete section **3**. Please see also note **E** below.

**D.** If you are representing someone who has died or is otherwise incapable of acting for themselves and this appeal is in respect of a decision about whether that person is eligible for a payment, or the amount of the payment under the FAS, complete sections **1, 4, 5, 6** and **8**.

**E.** If this appeal is about a notification decision concerning the scheme's details supplied to the FAS or an eligibility decision about whether the scheme qualifies under the FAS (a scheme notification decision or a scheme eligibility decision) and the scheme has not completed winding up, the trustee(s) of the scheme, or if not a scheme established under trust, the manager(s), must sign the form at section **7** if they are not making the appeal.

## I. Your details

Mr/Mrs/Ms/Miss: \_\_\_\_\_ Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone (day/eve): \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. Representation

If you are representing an organisation and/or individual trustee(s), please provide their name(s):

If you are representing an individual, please provide their name:

Mr/Mrs/Ms/Miss: \_\_\_\_\_ Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Organisation/individual trustee(s)/individual address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone (day/eve): \_\_\_\_\_ E-mail: \_\_\_\_\_

## 3. Authority (to be provided by the person whom you are representing)

I appoint \_\_\_\_\_ to act as my representative in connection with this appeal and I have read the declaration at section 6 of this form. The PPF Ombudsman's office will only write to you or the person that you have appointed to represent you. Where would you like the correspondence to be sent?

My address  My representative's address  Other  (Please give details) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Appeal details

The name of the pension scheme to which this appeal relates is: \_\_\_\_\_

Please indicate the role in which you, or the person that you are representing, are making this appeal:

Scheme member  Trustee  Manager  Employer  Other  (Please specify) \_\_\_\_\_

The date of the scheme manager's decision: \_\_\_\_\_

