

# Referral of a decision of a reviewable matter on completion of the Pension Protection Fund's internal procedures

Before completing this form, please carefully read the red booklet, Pension Protection Fund - How the Pension Protection Fund Ombudsman can help you, that accompanies it. You should ensure that this referral form is sent to the Ombudsman within 28 days of when the Reconsideration Committee's decision was sent. The Ombudsman will acknowledge receipt of your referral.

Notes on completing this form - please read all the notes A to C 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.

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.

C. If you are representing someone, complete sections 1, 2, 4, 5 and 6 and the person represented will need to complete section 3.

## 1. 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 referral and I have read the declaration at section 6 of this form.

The 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. Referral details

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

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

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

The date of the Reconsideration Committee's decision: \_\_\_\_\_

