

Application to review or reconsider a decision of the Pension Protection Fund

Before you fill in this application form, please read the guidance note **'How we deal with your concerns'**.

It is important that you read the guidance note as we can only accept application forms that have been filled in correctly.

If you make any mistakes while filling in the form, this may lead to delays in the process or you may lose the right to have the decision reviewed.

Please fill in this form using CAPITAL LETTERS.

Part 1: Your details

1 Pension scheme registration number

2 Name of the pension scheme

3 Are you, or are you representing (please indicate):

a trustee?

a manager?

an employer?

a scheme member?

someone else?

4 Title (Mr, Mrs, Miss, Ms)

Surname

First Name(s)

5 Address

Postcode

6 Are you asking for a **review decision** or a **reconsideration decision** ?

7 If you are asking for a **review decision**, please tell us the date the original determination, direction or decision you are disagreeing with was issued.

Date

8 If you are asking for a **reconsideration decision**, please tell us (a) the date the original determination, direction or decision was issued and (b) the date of the review decision.

(a) Date

(b) Date

9 Are you representing yourself in this application or are you representing another person?

Myself (See part 2.)

Another person (See parts 2 and 3.)

Part 2: About the review/reconsideration

10 Please explain why you are applying for a decision to be reviewed/reconsidered (attach an extra sheet if necessary).

11 Your signature (if you are representing yourself) _____

Date

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Part 3: Representation details

12 Name of the person you are representing _____
(see the note below)

13 Address of the person you are representing _____

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Postcode

14 Representative's signature _____

Date

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Note: The person you are representing must have sent us a written notice appointing you to act as his or her representative. If the person you are representing has not already done this, they should fill in and sign the following section.

I appoint the person named in part 1 of this form to act as my representative in this application.

Signature _____

Date

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Send the application form to:
Pension Protection Fund
Knolly's House, 17 Addiscombe Road
Croydon, Surrey CR0 6SR