

NOW: Pensions Trust (the 'Scheme')

Our internal dispute resolution process - stage 1

Please fill in this form and email it to: **idrp@nowpensions.com**; or print, complete and return it to: Scheme Trustee c/o Complaints team, NOW: Pensions Limited, 4th Floor, 37 Park Row, Nottingham NG1 6GH.

1. Member details						
Title Mr Mrs M	liss Ms	Dr	Surname			
First name			Other names	3		
National Insurance number			DOE	:		
Your employer's name						
2. Member contact details	i					
Address line 1						
Address line 2						
Town						
County				Postcode		
Daytime telephone no.						
Your email address						
We'll always send our response by email if we have a valid email address for you. If you need correspondence by post, please tick here.						
Go to section 3						
3. Details of the person making the complaint						
I'm the member						
Go to section 5						
I'm the widow/widower or surviving dependant of the member Please complete section 4						

Only complete this section if you're a widow/widower or surviving dependant of the member.					
Title Mr Mrs Miss Ms Dr	Surname				
First name	Other names				
Relationship to member					
Address line 1					
Address line 2					
Town					
County	Postcode				
Daytime telephone no.					
Your email address					
We'll always send our response by email if we have a valid email address for you. If you need correspondence by post, please tick here.					
5. Do you need an appointed representative to act on your behalf?					
Yes Complete section 6, which sets out your representative's details, and section 7, which confirms your authority for that person to act on your behalf.					
No If 'no', go to Section 8 'Summary of complaint'					
No If 'no', go to Section 8 'Summary of complaint'					
6. Details of appointed representative					
	ive of the member, or the widow/widower or				
6. Details of appointed representative Only complete this section if you're an appointed representati	ive of the member, or the widow/widower or Surname				
6. Details of appointed representative Only complete this section if you're an appointed representati surviving dependant of the member.					
6. Details of appointed representative Only complete this section if you're an appointed representation surviving dependant of the member. Title Mr Mrs Miss Ms Dr	Surname				
6. Details of appointed representative Only complete this section if you're an appointed representation surviving dependant of the member. Title Mr Mrs Miss Ms Dr First name	Surname				
6. Details of appointed representative Only complete this section if you're an appointed representatis surviving dependant of the member. Title Mr Mrs Miss Ms Dr First name Relationship to member	Surname				
6. Details of appointed representative Only complete this section if you're an appointed representatis surviving dependant of the member. Title Mr Mrs Miss Ms Dr First name Relationship to member Address line 1	Surname				
6. Details of appointed representative Only complete this section if you're an appointed representatis surviving dependant of the member. Title Mr Mrs Miss Ms Dr First name Relationship to member Address line 1 Address line 2	Surname				
6. Details of appointed representative Only complete this section if you're an appointed representation surviving dependant of the member. Title Mr Mrs Miss Ms Dr First name Relationship to member Address line 1 Address line 2 Town	Surname Other names				
6. Details of appointed representative Only complete this section if you're an appointed representation surviving dependant of the member. Title Mr Mrs Miss Ms Dr First name Relationship to member Address line 1 Address line 2 Town County	Surname Other names				

by post, please tick here.

4. Your contact details

7. Confirmation of authority for appointed representative

I, a member, widow/widower or surviving dependant of a member of the NOW: Pensions Trust ('the Scheme'), hereby authorise the above named person to act as my appointed representative in respect of any complaints outlined as part of this internal dispute resolution procedure (IDRP).

This authorisation permits my appointed representative to take all actions necessary on my behalf in relation to this IDRP. This includes obtaining and receiving relevant information, entering into settlements and taking any relevant actions in order to resolve the dispute. I understand that I will be bound by any actions or instructions given by my appointed representative in relation to this IDRP.

In addition, I give my specific consent to NOW: Pensions to disclose to my appointed representative:

- any and all information requested by the appointed representative;
- any and all information regarding my relationship with the Scheme; and
- any and all information NOW: Pensions deems relevant to the dispute, past or present.

I understand that any information provided to my appointed representative may be sensitive information and include personal information, such as my pension contributions, employment details and earnings.

My appointed representative will act on my behalf until I cancel this authorisation by written confirmation or until 12 months has passed since I signed this authorisation, whichever event occurs first.

Name						
Signature		Date				
I, the appointed representative named above, agree to act on the behalf of the member, widow, widower or surviving dependant (delete as appropriate) of a member of the NOW: Pensions Trust ('the Scheme'), named above in respect of any complaints outlined as part of this internal dispute resolution procedure (IDRP).						
Name						
Signature		Date				

If you are filling in this form online, a digital signature is required. Please download the form and open it using Adobe Reader, then use the Fill & Sign Tools menu to scan or draw your signature and place it in the signature box.

8. Summarise your complaint

Please give a summary of your complaint here and attach addition	nal pages and documents if you need to.			
Additional pages or documents attached Yes No				
declare that, to the best of my knowledge and belief, the information I've given on this form is complete and accurate.				
Name of person complaining				
our signature	Date			

If you are filling in this form online, a digital signature is required. Please download the form and open it using Adobe Reader, then use the Fill & Sign Tools menu to scan or draw your signature and place it in the signature box.

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