



#### 4. Your contact details

Only complete this section if you're a widow/widower or surviving dependant of the member.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	Surname	<input type="text"/>
First name	<input type="text"/>				Other names	<input type="text"/>	
Relationship to member	<input type="text"/>						
Address line 1	<input type="text"/>						
Address line 2	<input type="text"/>						
Town	<input type="text"/>						
County	<input type="text"/>				Postcode	<input type="text"/>	
Daytime telephone no.	<input type="text"/>						
Your email address	<input type="text"/>						

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'

#### 6. Details of appointed representative

Only complete this section if you're an appointed representative of the member, or the widow/widower or surviving dependant of the member.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	Surname	<input type="text"/>
First name	<input type="text"/>				Other names	<input type="text"/>	
Relationship to member	<input type="text"/>						
Address line 1	<input type="text"/>						
Address line 2	<input type="text"/>						
Town	<input type="text"/>						
County	<input type="text"/>				Postcode	<input type="text"/>	
Daytime telephone no.	<input type="text"/>						
Your email address	<input type="text"/>						

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## 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 additional pages and documents if you need to.

Additional pages or documents attached  Yes  No

I 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

Your 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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