



Dispute Resolution Procedure Application Form

SECTION A: PERSONAL DETAILS

PLEASE USE CAPITAL LETTERS

Surname		Title
First name(s)	Email Address (Optional)	
Date of Birth	National Insurance Number (Optional)	
Address		
		Post code

SECTION B: Eligibility

Please tick one box*:

I am currently making contributions.	<input type="checkbox"/>	Please go to section D
I have benefits in the Trust for my retirement.	<input type="checkbox"/>	Please go to section D
I currently receive a pension/other benefit from the scheme.	<input type="checkbox"/>	Please go to section D
I was previously in one of the above categories.	<input type="checkbox"/>	Please go to section D
I am a prospective member of the scheme**.	<input type="checkbox"/>	Please go to section D
I am the widow/widower of a scheme member/pensioner.	<input type="checkbox"/>	Please go to section C
I am a surviving civil partner of a scheme member/pensioner.	<input type="checkbox"/>	Please go to section C
I am entitled as a surviving dependent on the death of a member on whom i am not financially dependent.	<input type="checkbox"/>	Please go to section C

* If your complaint is about whether you fall within one of the categories, please tick the category that you consider yourself to fall within.

** This is someone who, under the terms of their contract of service or the rules of the scheme, can become a member by choice; after a specified period; automatically unless they elect otherwise; or with employer consent.

SECTION C: If you are not a member or a prospective member, please complete this section **PLEASE USE CAPITAL LETTERS**

Full name	
Address	
Post code	Date of Birth.

SECTION D: Representative **PLEASE USE CAPITAL LETTERS**

If you have asked someone to represent you (or if you are the applicant's/complainant's personal representative) please complete the section below. If you have not asked someone to represent you/you are not the applicant/complainant personal representative, please go to section E:

Full name of representative	
Address	
	Postcode

Do you want correspondence to be sent directly to the representative ? You will be sent a copy of the Trustee's decision in any event.

Yes

No

SECTION E: Facts of the case

Please provide the facts of the case (including any relevant documents or correspondence) in sufficient detail to show why you have a dispute. Please use another sheet of paper if necessary.

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I acknowledge that the information on this form is held and processed by The Cheviot Trust, my employer and organisations providing services for the purpose of administering the scheme and conducting the dispute resolution procedure, in accordance with data protection laws.

Further details about how we use your personal data can be found in our Privacy policy which is available at <https://www.cheviottrust.com/help-and-support/library/>.

Signature	Date
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Please complete this form and return to the following address:

**The Cheviot Trust, Kingswood House, 58 – 64 Baxter Avenue, Southend-on-Sea, Essex SS2 6BG
T. 01702 354024 CEO@cheviottrust.com W. www.mycheviotpension.com**