



## Plan Administrator Complaint Form

Full Name: \_\_\_\_\_ Date Of Birth (dd/mm/yyyy) \_\_\_\_\_

Contact Numbers:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Employer Pension Plan or Local Retirement Product: \_\_\_\_\_

Name of Pension Plan Administrator: \_\_\_\_\_

What is your concern? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did it happen? (dd/mm/yyyy) \_\_\_\_\_

Please provide any supporting documents or information you may have (e.g. communication from the administrator, statements).

Did you speak to anyone at the plan administrator? (yes) or (no)

(if yes, please advise their name(s) and when)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_