

# Application for compensation from the Fraud Compensation Fund

Pension  
Protection  
Fund

Before filling in this form, please ensure you have seen the information available on our website. If you do not have access to the internet, or require further information, please call 0845 600 2541.

**Please fill in this form using CAPITAL LETTERS.**

Once you have completed the application form, please send it to the Pension Protection Fund

**By post:** Knollys House,  
17 Addiscombe Road,  
Croydon, Surrey  
CR0 6SR

**By fax:** 020 8633 4903

## Part 1: Your details

1 Title (Mr, Mrs, Miss, Ms, Other)

2 Surname

3 First Name(s)

4 Address

Postcode

5 The capacity in which you are making the application (please tick)

Trustee/Manager  Member  Beneficiary

Administrator/other person concerned with provision of benefits

Representative of one of the above

If you are a representative, please give the name and address of the person you are representing:

Postcode

## Part 2: Pension Scheme details

6 Pension scheme registration number

7 Name and address of the pension scheme

Postcode

8 The type of benefits provided by the pension scheme (eg: Defined Benefit/Defined Contribution)

## Part 2: Pension Scheme details (continued)

**9** Is the pension scheme established under trust?

Yes  No

**10** Number of members (approximately)

## Part 3: Employer details

**11** Name and address of employer or employers in relation to the pension scheme (where applicable)

Postcode

**12** If more than one employer – is the pension scheme divided into separate sections?

Yes  No  Further information can be provided if you wish in the box below

**13** Type of insolvency event

**14** Date the insolvency event occurred, or, if no insolvency event is possible, the date it was established that the employer was unlikely to continue as a going concern

**15** If a multi-employer pension scheme, is this the insolvency event of the last employer?

Yes  No

## Part 4: Pension Scheme loss

**16** Estimated value of pension scheme liabilities (as at the date of this application)

**17** Estimated value of pension scheme assets (as at the date of this application)

**18** Estimated value of loss

**19** Date loss was discovered

**20** Please provide a brief explanation for the grounds on which your application is based (including what offence of dishonesty you think has been committed and how you think it caused the loss). Any documentary evidence you have available to support this application should also be provided.

## Part 4: Pension Scheme loss (continued)

**21** Has the loss been reported to anyone else – eg: The Pensions Regulator or the Police?

Yes  No  If so, please provide all contact details and reference numbers where known:

**22** Has any action been taken to seek to recover the losses from anywhere else, for example, the Department of Trade and Industry's Insolvency Service?

Yes  No  If so, please provide all contact details and reference numbers where known:

## Part 5: Time Limits

**23** Applications should be made within a period of 12 months of either the occurrence of the insolvency event or the time when the loss should have been identified (by trustees or managers of the scheme, or the scheme's auditor or actuary) – whichever is the later. If this application is made outside of these time limits then evidence to justify any delay should be provided either below or on a separate sheet of A4 paper.

## Part 6: Declaration

**24** 'I declare that the information set out in this form is true to the best of my information, knowledge and belief and that, as far as I know, the pension scheme is not excluded from the Fraud Compensation Fund provisions as set out in the Pensions Act 2004 and any regulations made under it. I also give consent to the Pension Protection Fund to approach third parties for information relevant to the application.' \*

Signature:

Name:

Date

|                      |                      |                      |                      |                      |                      |
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\* The Pension Protection Fund may need to approach third parties for information relevant to the application. In signing this application therefore, you will also be providing consent for an approach to third parties to be made, where it is appropriate.