



# Pensions OMBUDSMAN

Fear an Phobail um Pinsin

## Complaint Form for Personal Retirement Savings Accounts (PRSAs)

The Pensions Ombudsman can investigate:

- A complaint of financial loss due to maladministration under a PRSA,
- A dispute of fact or law in relation to a PRSA.

The Pensions Ombudsman cannot investigate complaints about:

- Social Welfare pensions,
- Personal Pension Plans (Retirement Annuity Contracts),
- Approved Retirement Funds (ARFs),
- Approved Minimum Retirement Funds (AMRFs).

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For Official Use Only

# A1. The Complainant

– (See Explanatory Notes)

Title:     First Name:

Surname:

Address:

Date of Birth: Day   Month   Year

Phone Numbers: Home   
Mobile

Email:

# A2. Details of Appropriate Person – where applicable

(See Explanatory Notes)

Title:     First Name:

Surname:

Address:

Phone Numbers: Home   
Mobile

Email:

Relationship to Complainant:

**PLEASE NOTE:** If an appropriate person has been nominated to deal with the complaint/dispute, all correspondence from this Office will issue to the appropriate person's address.

## **B. Information Required**

*(See Explanatory Notes)*

**B1.** When did the action giving rise to the complaint / dispute occur?

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**B2.** When did you become aware of this action?

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**B3.** Who are you making the complaint against and/or with whom is your dispute?

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**B4.** If you are a member of a Group PRSA Scheme, please quote the group reference number as well as the individual policy number below

Group Reference Number, if applicable -----

Individual PRSA policy number -----

**B5.** Employer's Name & Address,  
if applicable

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**B6.** Name & Address of PRSA Provider

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**B7.** Please give details of the complaint / dispute attaching any relevant documents

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**Please enclose with this form any documents or correspondence  
which may support your complaint / dispute.**

## C: Other Information Concerning the Complaint:

**C1.** Are there proceedings before any court in respect of matters concerning the complaint / dispute? Yes  No

**C2.** Have you applied to the PRSA Provider for a Determination under the Internal Disputes Resolution procedure? (See Explanatory Notes) Yes  No

If Yes, please advise the date your application was made on: Day  Month  Year

**C3.** Have you received a Determination or Decision from the Provider ? Yes  No   
If Yes, please attach a copy of the Determination with this complaint form.

**C4.** Has your complaint / dispute previously been considered by the Pensions Board? Yes  No

**C5.** Has your complaint / dispute been submitted to another Ombudsman or Tribunal ? Yes  No   
If Yes, please provide details

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Please read the Declaration and sign and date the form where indicated below.

**Declaration:** I hereby declare that the answers I have given in this form are true, complete and accurate, to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please note that this form will become part of the documents of any investigation and copies of it may be sent to those persons mentioned by you in Part B, and to any other persons the Pensions Ombudsman considers relevant.

WHEN FULLY COMPLETED, PLEASE FORWARD THIS FORM TO:

**The Pensions Ombudsman,  
36 Upper Mount Street,  
Dublin 2.**