

**Strathclyde Pension Fund**  
**LOCAL GOVERNMENT PENSION SCHEME (SCOTLAND) REGULATIONS**  
**STAGE 1 – APPEAL APPLICATION FORM**

This form is to be used to lodge your appeal against a decision taken by either your employer or Strathclyde Pension Fund that affects your pension rights. Please write clearly and complete your personal details in block capitals.

**Members Details**

|                                |                                      |
|--------------------------------|--------------------------------------|
| <u>Full name:</u>              | <u>NI Number:</u>                    |
| <u>Home Address:</u>           |                                      |
| <u>Member's Date of Birth:</u> | <u>Member's Employing Authority:</u> |
| <u>Member's Occupation:</u>    | <u>Member's Payroll Reference:</u>   |

**Dependant's details**

If you are the member's dependant and the dispute is about a decision taken by the employing authority or Strathclyde Pension Fund that affects the scheme benefit payable to you please give your details below.

|   |                                |
|---|--------------------------------|
| <u>Dependant's full name:</u>                         |                                |
| <u>Dependant's Address (if different from above):</u> |                                |
| <u>Date of Birth:</u>                                 | <u>Relationship to member:</u> |

**Representative's details**

If you are the member's or dependant's representative, please give your details below

|   |
|---|
| <u>Representatives Full Name and Address:</u> |
|---|

Which address should correspondence be sent to? Member / Dependant / Representative

## YOUR DISPUTE

Please give full details of your dispute below. If you do not have enough room please continue on a separate sheet and write your name and National Insurance number at the top (if you are a dependant or representative it should be the member's name and NI number) and attach the sheet to this form.

I would like the appointed person to look into my dispute and make a decision about it.

I am - a scheme member/former member/prospective member \*  
- a dependant of a former member \*  
- member/dependant's representative \*

\* delete as appropriate

I give consent for the appointed person to obtain any information they deem relevant to my appeal (Only applicable if signed by a scheme member / former member / prospective member).

SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

Please attach a copy of any notification you received from your employer or Strathclyde Pension Fund relating to the decision you are disputing together with any other letter or notification that you feel would be helpful. Please return this form to: Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW.

October 2016