



An tOmbudsman Pinsean  
Pensions Ombudsman

## Complaint Form

The Pension Ombudsman can investigate:

- A complaint of financial loss due to maladministration under an Occupational Pension Scheme (OPS), Personal Retirement Savings Account (PRSA) and certain Trust Retirement Annuity Contracts (TRACs)
- A dispute of fact or law in relation to these types of pension

The Pensions Ombudsman cannot investigate complaints about:

- State (Social Welfare) pensions
- Personal Pension Plans (Individual Retirement Annuity Contracts)
- Approved Retirement Funds (ARFs)
- Approved Minimum Retirement Funds (AMRFs)
- Issues where a court action has already begun

PLEASE NOTE

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For Official Use Only

## A1. The Complainant

Title	MR	First Name	DONAL
		Surname	BARRY
		Address	KILDIMO
			MILTOWN MALBAY
			CO CLARE
PPSN (Personal Public Service Number)			16015825
Date of Birth	Day 10	Month 04	Year 1948
Phone Numbers	Home		065 7084156
	Mobile		
Email	DONINA@EIRCOM.NET		

## A2. Details of Agent to Act on Behalf of Complainant\* where applicable

Title		First Name	
		Surname	
		Address	
Phone Numbers	Home		
	Mobile		
Email			
Relationship to Complainant			

**\*PLEASE NOTE** If you have nominated an agent to deal with the complaint/dispute on your behalf, all correspondence from this Office will issue to the agent's address.



## B. Information Required

B1. What is your complaint/dispute about?

Personal Retirement Savings Account (PRSA)  Occupational Pension Scheme   
Trust Retirement Annuity Contract (TRAC)  Other

B2. Please give details of the complaint/dispute attaching any relevant documents

*I am unable to trace scheme originally  
administered by I.P.F.  
See attached*

*I can forward many further (unproductive!) phone calls +  
emails, to/from Meece, if you supply forwarding address*

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

B3. When did the action which gave rise to the complaint/dispute occur?

\_\_\_\_\_

B4. When did you become aware of this action?

\_\_\_\_\_

B5. Who are you making the complaint against and/or with whom is your dispute?

\_\_\_\_\_

B6. Please state the name of the Pension Scheme involved

*Hunter Advertising Ltd.*

B7. For PRSAs/TRACs please quote

Group reference number, if applicable \_\_\_\_\_

Individual PRSA/TRAC policy number \_\_\_\_\_

B8. Employer's name & address

\_\_\_\_\_

\_\_\_\_\_

B9. Name & address of pension scheme or TRAC trustees

\_\_\_\_\_

\_\_\_\_\_

B10. Name & address of PRSA provider/TRAC manager

\_\_\_\_\_

\_\_\_\_\_

### 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 for a Determination under the Internal Disputes Resolution procedure? Yes  No

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

Day   Month   Year

C3. Have you received a Determination or Decision about this matter? 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 *D-1 Del...* Date 10/3/2014

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

### Additional Information

There is no charge for referring a complaint/dispute to the Pensions Ombudsman. If, however, you engage a professional person to make the complaint/dispute on your behalf, you must pay any fees charged by them. Any such fees cannot be reimbursed by the Pensions Ombudsman regardless of the outcome of your complaint/dispute.

**The complaint form should be completed as fully as possible.**

Should you require any assistance with the completion of the form, the staff of the Office of the Pensions Ombudsman would be pleased to help.

Phone 01 647 1650 or email [info@pensionsombudsman.ie](mailto:info@pensionsombudsman.ie)

**WHEN FULLY COMPLETED, PLEASE FORWARD THIS FORM TO:  
The Pensions Ombudsman, 36 Upper Mount Street, Dublin 2**

