



## THE BW PLAN

### Application under the Internal Dispute Resolution Procedure (IDRP)

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You can use this form to apply to the Trustee under the internal dispute resolution procedure if you want them to investigate a complaint concerning your pension from the BW Plan (the “Plan”).

Please attach any evidence that you wish in support of your application.

#### 1. Member’s details:

If you are the member (the person who is or was in the Plan), please give your details in this box. You can then go straight to section 4, unless you want to nominate someone to represent you, in which case please complete section 3 as well.

If you are the member’s dependant or other person entitled to benefits on death of a deceased member (for example, widow, widower, surviving civil partner, surviving dependant, or beneficiary), please give the member’s details in this section, and then go to section 2.

<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>National Insurance Number</b>	
<b>Plan Section</b>	
<b>Employer</b>	

#### 2. Dependant’s details:

If you are the member’s dependant or other person entitled to benefits on death of a deceased member and the complaint is about a benefit for you, please give your details in this box and then go to section 4.

If you want to nominate someone to represent you, please also complete section 3.

<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>National Insurance Number</b>	
<b>Relationship to the Member</b>	

### 3. Representative's details:

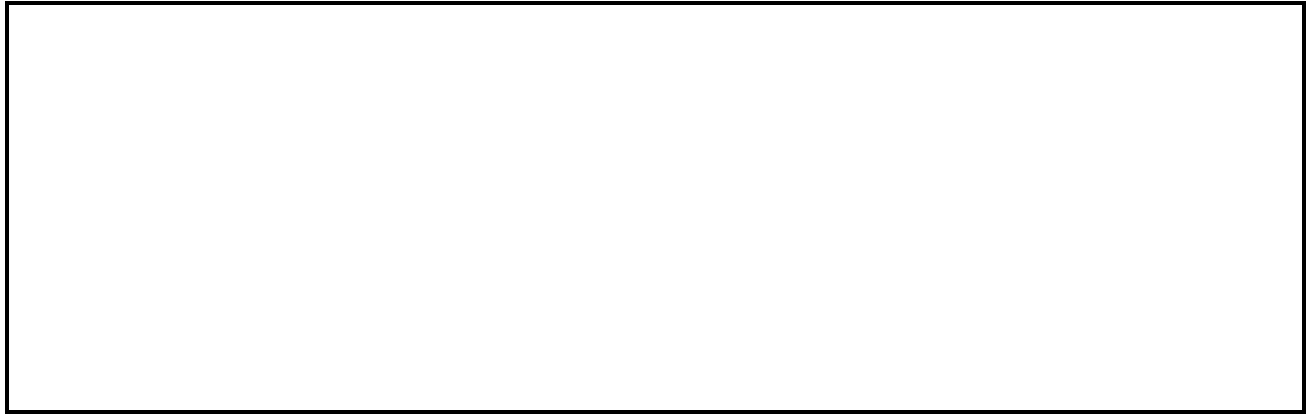
If you are nominating someone to represent you, please give their details in this box.

<b>Name</b>	
<b>Address</b>	
<b>Relationship of the representative to the member/dependant</b>	
<b>Is the representative's address to be used for correspondence about the case?</b>	Yes/No (delete as applicable)

### 4. The basis of your application

Please provide a statement as to the nature of the dispute including reasons for the application and how you would wish the Plan to remedy any harm done to you. Please give any dates or periods of Plan membership that you think are relevant. Please give as much information as you can. Please attach any evidence in support of your application.

If there is not enough space, please go on to a separate sheet and attach it to this form. Remember to write your name and national insurance number at the top of any separate sheet if you are a member, or, if you are not a member, put the member's name and national insurance number at the top of any separate sheet.



## 5. Data protection notice

When making a complaint under the IDRPs you will be providing personal information about yourself. This information is known as “personal data”. Some of the information you provide may be “sensitive personal data” (also known as “special categories of personal data”), because it reveals information about you which is particularly sensitive. For example, sensitive personal data includes information about an individual’s health.

The Trustee of the Plan is the “data controller” of all personal data held in respect of the Plan and, as such, is responsible for meeting certain legal requirements under data protection legislation in relation to that personal data. The Trustee needs to process the personal data you share to help it to investigate and respond to your complaint. In doing so, the Trustee may need to disclose your personal data to its professional advisers (including administrators, actuaries, auditors and lawyers) and potentially also with the sponsoring employer of the Plan.

If you provide any sensitive personal data about yourself when making a complaint under the IDRPs, the Trustee will need your explicit consent in order to make decisions and to use the information. You have the right to withdraw your consent to the Trustee using any sensitive personal data referred to in this form at any time. However, if you do so, this will not affect the processing of any sensitive personal data which took place beforehand.

If you wish to exercise your right to withdraw your consent, or if you have any queries about completing this form, please contact the Professional Trustee using the contact details at the bottom of this form.

A copy of the Trustee’s privacy notice which explains in detail how we process your personal data, can be found here: <https://www.mypension.com/media/2862/the-bw-plan-privacy-notice-2023.pdf>

### Your acknowledgement and consent

By signing this form, I consent to the Trustee using information including sensitive personal data that has been provided to them about me for the purpose of processing my IDRPs complaint.

In giving my consent:

- I confirm that I have read and understood the notes set out above before completing and signing this form.
- I understand that the information which may be provided to the Trustee as part of the process for considering my IDRPs complaint may contain sensitive personal data about me. I consent to the Trustee using that information (if any) for the purpose of processing my application and reaching a decision.
- In connection with the Plan generally, or with its administration of the payment of the benefits to which this form relates, I consent to the Trustee disclosing the information referred to in this form about me with the sponsoring employer of the Plan and such of the Trustee’s professional advisers (including administrators, actuaries, auditors and lawyers) as the Trustee decides.

- I also understand and acknowledge that the information provided about me will be retained by the Trustee for as long as necessary to enable them to process my IDRPs complaint, to deal with any queries that may arise in respect of my benefit under the Plan or decisions relating to it, and in order to ensure the proper administration of the Plan.

## 6. Your signature

I would like my complaint to be considered and a decision to be made about it. I am a:

<ul style="list-style-type: none"> <li>• Plan member/former member/prospective member*</li> <li>• Dependant or beneficiary of a former member*</li> </ul> <p><i>*delete as appropriate</i></p>	
<b>Signed:</b>	<b>Date:</b>

### PLEASE SEND THIS FORM TO:

Trustee of the BW Plan  
 c/o Anthony Frith  
 Professional Trustee  
 Dalriada Trustees Limited  
 Princes Exchange  
 2 Princes Square  
 Leeds  
 LS1 4HY  
 Email: anthony\_frith@dalriadatrustees.co.uk

**Please note:** The Trustee is made up of individuals nominated by the Company and membership of the BW Plan. One of the Company nominated trustees is a Professional Pension Trustee company. The Trustee's decision in respect of your complaint may be communicated through the Professional Trustee company. The procedure is run solely by the Trustee and the Company has no role or decision-making authority in this process.

**Because of the sensitive nature of the contents of this form, if sending it by post we strongly recommend sending it by tracked or special delivery.**

**Form revised October 2023**