

**Pension Protection Fund (PPF)  
Inquiry Form**  
Information needed when  
a Pension Compensation  
Sharing Order or Pension  
Compensation Attachment  
Order may be made

Insert details of pension scheme here	
To:	
of:	
Reference No:	

**A. To be completed by PPF member:**

1. The PPF member's details:

Name		
Address (including postcode)		
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reference		

2. Solicitors details:

Name		
Address (including postcode)		
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reference		
Telephone		

3. Address to which the form should be sent once completed if different from 2 above:

Address (including postcode)		
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature

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of PPF member

(The PPF member's signature is necessary to authorise the release of the requested information, unless a court order requiring the information is attached to this form.)