

Sky Pension Plan Internal Dispute Resolution Procedure

Application Form

This form is for use by anyone eligible who wants to raise a complaint using the Plan's internal dispute resolution procedure ('IDRP').

In the interests of addressing your complaint as quickly as possible, our preference is for you to complete this form and send it to the Plan's Trustee via email to: PensionQueries@sky.uk. However, if you would prefer to relay your complaint by post, please send your completed form (preferably by recorded delivery) to:

The Trustee of the Sky Pension Plan % The Pensions Manager Sky UK Limited Grant Way Isleworth Middlesex TW7 5QD

Full name:

Address:

For the member (or prospective member) to which the complaint relates, please complete the following:

| Date of birth: | | | |
|--|------|---|--------------|
| National Insurance number: | | | |
| Period of relevant employment: | From | То | |
| Membership of Plan: | From | То | |
| If the complaint is from a w person, please complete th | | g registered civil partner or dependant | of the above |
| Full name: | | | |
| Address: | | | |
| Date of birth: | | | |
| Relationship to member/prospective member: | | | |
| | | | |



| o benefits from the Plan, p | iease com | piece the roll | Jivii ig. | | | |
|--|-----------|----------------|----------------|------------------|----------------|----------|
| Full name: | | | | | | |
| Address: | | | | | | |
| Date of birth: | | | | | | |
| Relationship to member/prospective member: | | | | | | |
| a representative is to act | on behalf | of the persor | n making the c | omplaint, please | complete the f | ollowing |
| Full name of representative: | | | | | | |
| Address: | | | | | | |
| Is correspondence to be | Yes | | | No | | |
| sent to the above address? If no, correspondence will be sent to the person raising the complaint. | | | | | | |
| Relationship to person raising the complaint: | | 1 | | ' | | |
| Please give full details of th An explanation should also o put it right and what ans | be given | | | | | en aske |
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| Please enclose copies of any | relevant papers which may help | p in understanding and resolving the | |
|---------------------------------|---------------------------------|--------------------------------------|--|
| problem. Any items that are | enclosed should be listed here: | : | |
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| | | | |
| | | | |
| | | | |
| Signature of person | | | |
| raising the complaint: Date: | | | |
| Date. | | | |
| | | | |
| Signature of | | | |
| representative (if any): Date: | | | |
| | | | |