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Block A, 41 Matroosberg Road
Ashlea Gardens
PRETORIA
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0181

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Tel: 012 748 4000 // 346 1738 **Fax:** 086 693 7472
E-Mail: enquiries@pfa.org.za
Website: www.pfa.org.za

How must we communicate with you? Email ☐ / Post ☐

COMPLAINT FORM

NOTE

In terms of section 30A of the Act, before lodging a complaint with our Office, you may first lodge the complaint in writing with the fund/administrator to allow it an opportunity to resolve the complaint directly with you.

COMPLAINANT'S DETAILS	
Surname:	
Full Name/s:	
Identity Number	
Postal Address	
	Postal Code:
Residential Address: (if not same as postal)	
	Postal Code:
Contact details:	**Phone Number:**
	Alternative Number:
	Email address:
	Fax Number:

Please notify us immediately when there is a change of personal contact details on your side

FUND / ADMINISTRATOR DETAILS	
Name and Contact details of the Fund:	
Name and Contact details of the Administrator	

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EMPLOYER'S DETAILS		
Name of Company:		
Address of Company:		
		Code:
Contact Details of Company:	Tel:	
	Fax:	
	Email:	
	Contact person:	
Date of Joining Company:		
Date of Leaving Company:		

SUPPORTING DOCUMENTS: ATTACHED		
General documents required:	ID of complainant and/or member belonging to the fund	
	Fund benefit statement / Payslip	
	Correspondence to and from the fund / administrator / Employer	
Divorce Matters	Divorce Order with Settlement Agreement (if applicable)	
Retirement Annuity Fund matters	Policy Number / Copy of policy investment statement	
Disability Matters	Copy of Disability finding / Report	
Death Benefit Matters	Copy of Member's Death Certificate	
	Copy of ID/birth certificates of minors	

DETAILS OF COMPLAINT (Must complete all sections - please attach a letter if not enough space)	
A. On what date did you first become aware of the issue(s) that you have described in your complaint?	____/____/_____ (dd/mm/yyyy)
B. If 3 years have passed since you first became aware of the issues, provide the reason(s) why you did not lodge your complaint sooner	

FREE SERVICE - NO CHARGE

C. BACKGROUND INFORMATION
D. WHAT YOU ARE DISSATISFIED ABOUT
E. THE DESIRED OUTCOME / RELIEF SOUGHT

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In addition to the above, kindly TICK the relevant box:

1. **Would you like the Adjudicator to investigate whether there are any outstanding (arrear) contributions that the employer is required to pay to the fund or whether any unlawful deductions have been made?** **Yes** ☐ **No** ☐

2. **Have you instituted legal (court) proceedings in this matter?** **Yes** ☐ **No** ☐
   - If "Yes", in which Court (name): _____ Case no._____

3. **Has this complaint been sent to any other Ombud?** **Yes** ☐ **No** ☐
   - If "Yes", which Ombud (name): _____ Ref: _____

4. **Did you address the relevant retirement fund or administrator in writing for a resolution of your complaint before lodging it with the Adjudicator?** **Yes** ☐ **No** ☐
   - If **"Yes",** you **must** provide proof of such correspondence held.
   - If **"No"**, your complaint will first be referred to the retirement fund or administrator for a possible resolution of your complaint within 30 days. If not resolved after 30 days, it will be further investigated by the Adjudicator.

By lodging this complaint form with the Adjudicator, you confirm that you agree to or that you are aware of the following:

- You wish the Adjudicator to investigate your complaint;
- The Adjudicator is assisted, in fulfilling her functions, by staff employed by the Office of the Pension Funds Adjudicator (OPFA);
- Information submitted by you to the Adjudicator will be processed for the purpose of investigating and adjudicating your complaint;
- The Adjudicator will at all times seek to protect your personal information as far as may be reasonably practicable;
- The Adjudicator is required, by law, to keep a permanent record of the proceedings relating to the adjudication of a complaint and the evidence given. Any member of the public may obtain a readable copy of the record on payment of a fee determined by the Adjudicator. This means that personal information submitted to the Adjudicator by any party to a complaint may be obtained by any member of the public;
- You give consent to the Adjudicator forwarding any information submitted by you to an ombudsman with jurisdiction, if the complaint does not fall within the Adjudicator's jurisdiction;
- Where your complaint does fall under the Adjudicator's jurisdiction, any personal information submitted by you will be shared with any of the relevant parties to the complaint to afford them an opportunity to respond to the complaint – this may include details of minor children (if applicable), i.e. birth certificates of minors or any similar document, where they are beneficiaries with regards to death benefit claims;
- You may object to the sharing of your personal information with other parties. Should this be the case, then the Adjudicator will not investigate your complaint and your file will be closed.
- Please note that once a determination is issued, the OPFA may publish the details of such determination in a law report, website or media publication. By signing and lodging this form with the Adjudicator you give the OPFA consent to such publication.
- You confirm and declare that the information in this Complaint Form is complete, accurate and not misleading. Any changes to the information submitted, including your contact information, will be submitted to the Adjudicator without delay.

How did you become aware of our office: (tick a box)

- ⌗ From a fund / employer / administrator/ financial advisor / Insurance
- ⌗ TV / radio / print media / outreach campaigns
- ⌗ Social media (X, Facebook, LinkedIn, etc.)
- ⌗ Word of mouth (friend, neighbour, CCMA, State Departments, Court)
- ⌗ Scheme website (Google/Internet search/website address)
- ⌗ FSCA / FAIS Ombud / NFO / Ombud Council
- ⌗ Other: _____ (specify)

_____ _____

DATE **SIGNATURE**

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