MRC PENSION TRUST LIMITED

MRC Pension Scheme

Internal Dispute Resolution Procedure
Stage 1 Application Form

This application form should be used to commence the internal dispute resolution procedure to the Scheme. Internal dispute resolution procedures are a statutory requirement and follow a prescribed format. By completing this application form, the Scheme's internal dispute resolution procedure will commence, the first stage of which is a stage 1 determination.

The person responsible for issuing the stage 1 determination is Mary Lambe, Director of Pensions.

The completed application form should be submitted electronically to:

M Lambe: m.lambe@lms.mrc.ac.uk
F Henrick: f.henrick@lms.mrc.ac.uk

Alternatively, the form can be posted[1] to:

M Lambe
Director of Pensions
MRC Pension Scheme
7th Floor, Caxton House
6-12 Tothill Street
London SW1H 9NA

You will be notified of the stage 1 determination within two months of the receipt of this application form. Where this is not possible an interim reply will be sent advising the reason for the delay and the date on which a decision may be expected.

It is important for all information requested to be provided for the internal dispute resolution procedure to commence.

[1] there may be a delay in acknowledging a form submitted by post

1. Personal details

Full name	
Date of birth	
Email address	
NI Number	
Address	

2. Are you (please tick the box as appropriate)

	An active, deferred or pensioner member of the Scheme
	a widow, widower or surviving dependent of a member of the Scheme
	A prospective member of the Scheme
	One of the above but have stopped being so within the last six months
	Claiming to be one of the above, but this is in dispute
	Other; please provide details:

3. Details of anyone representing you

Full name	
Email address	
Address	
Is this address to be used for correspondence in connection with the dispute?	Yes / No

4. Where the Scheme member has died, please state:

Your relationship to the Scheme member	
The Scheme member's details	
Full name	
Date of birth	
NI Number	
Address	

5. Please describe the nature of your complaint and provide details to show why you feel aggrieved. Please answer this as fully as possible so that a full and fair determination may be issued.
(Attach further pages if required)

Signed	(by or on behalf of the complainant)
Date	