Heinz Pension Plan (the Plan)

Stage 1: Application to use the Internal Dispute Resolution Procedure

You can fill in this form yourself or you can ask a representative to fill in the form for you. The completed form should be sent to the Adjudicator at the address shown on the Internal Dispute Resolution Procedure.

Information Relating to Complainant

You can use the Internal Dispute Resolution Procedure if you are in one of the categories below, if you ceased to be in one of the categories below in the last six months, or if you believe you should be in one of the categories below.

Tick which box describes your current circumstances, the category you ceased to be in the last six months or the category you believe you should belong to:

☐ An active, deferred or a pensioner member of the Plan or someone who is not a member of the Plan but is, or could become, eligible to join the Plan (complete box A below).

☐ The widow, widower or a dependent of a deceased member of the Plan (complete boxes A and B below).

A. Basic Details
Full name of complainant
Address
Date of Birth
National Insurance Number

B. Information relating to deceased member of the Plan (fill in this section only if you have ticked the second box above)
Full name of member
Member's Last Address
Member's Date of Birth
National Insurance Number (if known)

C. Information about Representative of Complainant (fill in this section only if you are acting as a representative of a complainant)
Full name of representative
Address of representative
Address for correspondence relating to this complaint (if different from the address above)

D. Details of Complaint

Set out full details of your complaint in this section. It would be helpful if you could describe any conversations you have had regarding your complaint with, for instance, someone at the administrators. Refer to any written correspondence about your complaint and if possible, attach copies of such correspondence to this form. If you cannot fit everything you want to say on this page, then continue on a separate page and attach it to this form.

Signed..... Date.....
(Complainant)

Signed..... Date.....
(Representative) (if applicable)