

**GSK PENSION SCHEME
(ALSO KNOWN AS THE GLAXO WELLCOME PENSION PLAN)
INTERNAL DISPUTE RESOLUTION PROCEDURE**

Stage 2 form

Details of Plan member

Full name

Address

.....

.....

Date of birth National Insurance Number

Details of person making the complaint

Please complete this section ONLY if the person making the complaint is the spouse, civil partner or dependant of a deceased member

Full name

Address

.....

.....

Date of birth National Insurance Number

Details of representative acting on behalf of the complainant (if any)

Full name

Address

.....

.....

Is this the address to be used for correspondence? Yes/No (please delete as applicable)

Please remember that MaPS (the Money and Pensions Service) is available to provide free, impartial and expert help if you need any assistance in completing this form. The Helpline number is 0800 011 3797.

Full name of Plan member

Details of why you are dissatisfied with the Stage 1 response

Please **attach a copy of the Stage 1 response**, and provide details in the space below of why you are dissatisfied with this (continue on a separate sheet of paper if necessary).

Signed Date

Please return the completed form to:

Berkeley Square Pension Trustee Company Ltd
c/o Reward COE
GSK House
980 Great West Road
Brentford, Middlesex
TW8 9GS