

Lazard London Directors' Pension Scheme

Internal Disputes Resolution

[Stage 1 / Stage 2 – Edit to reflect which stage this form relates to before sending it out for completion]

Please use this form if you have a formal complaint relating to any aspect of the Scheme. You can complete the form yourself or if you wish you can nominate a representative to make an application on your behalf or to assist you with your application. Please complete Part 3 to indicate if this is the case.

Information relating to the applicant

You can use the internal disputes resolution procedure if you are in one of the categories below. You may also apply if you claim to be in one of the categories below or were within the last six months.

Part 1- Please tick [✓] the appropriate option

A current/ deferred/pensioner/pension credit member of the Scheme	
A widow/widower, surviving civil partner or surviving dependant of a deceased member	
A surviving non-dependant beneficiary of a deceased member	
A person who ceased to be within the above categories in the six months before the date of the application	
A person claiming to be within the above categories	
Someone who is not a member of the Scheme but could become eligible to join	

Part 2 – Details of Applicant

Basic Details	Scheme Member	Complainant (if different)
Title:		
Forenames:		
Surname:		
Date of Birth:		
National Insurance Number:		
Relationship to member (if the member is deceased):		
Contact Telephone/mobile number:		
Address for correspondence including email address:		

Request for extension of period for making an application	<i>Complete if applicable</i>	Complete if applicable
Would you like to correspond by email? If YES, please confirm your email address(es).	YES/NO (select as applicable)	YES/NO (select as applicable)

Please note: If you request communication by email, the information provided may include personal details and may be sent over an insecure network. By selecting YES, you are giving us your authority to contact you at the email address(es) you have provided.

Part 3 - Details of Representative acting on behalf of complainant (if any)

If you are nominating a representative to act on your behalf or to assist you, please provide their details below:

Full Name	
Address	
Telephone Number	

Address for correspondence <i>(this will be either your or your representative's address)</i>	
Contact Telephone Number	
Contact Email Address	
Relationship to Complainant (if any)	
Where do you want us to send your correspondence? (please tick one box)	Yourself as representative <input type="checkbox"/> The person you represent <input type="checkbox"/> Both <input type="checkbox"/>
Would you like to correspond by email? If YES, please confirm your email address(es).	YES/NO (select as applicable)

Please note: If you request communication by email, the information provided may include personal details and may be sent over an insecure network. By selecting YES, you are giving us your authority to contact you at the email address(es) you have provided.

Part 4- Details of the Complaint

A statement of the disagreement together with sufficient details to demonstrate why you are aggrieved must be provided in the space below. Continue on separate piece of paper if necessary and attach copies of any documents relevant to your complaint.

You should also confirm if the complaint has been referred to the Pensions Ombudsman or if any legal or tribunal proceedings have begun.

Number of pages (including this form):

Part 5 – Signature

Please sign and date this application. If you are not able to sign this form, please attach a copy of a medical letter stating why you are unable to do so.

Signature.....

Date.....

Print name

Complainant / Representative* *Delete as applicable

Important: Please keep a copy of the completed form and any supporting documents for your own records, then send them to: [insert First Stage Decision Maker or Trustee depending on which stage of the process this relates to]