

**PROCTER & GAMBLE PENSION FUND  
(All sections)**

**INTERNAL DISPUTE RESOLUTION PROCEDURE  
NOTE FOR MEMBERS**

**Introduction**

The Pensions Act 1995 requires pension schemes to have procedures for the Trustee to resolve disputes arising from the running of the Fund. This note summarises the procedure that you should follow if you wish to make a complaint about the Fund. The Trustee hopes that before a formal complaint is considered, the complainant will contact the Secretary to or the Chair of the Trustee about any concerns – it may be that the concern can be resolved informally.

However, if it is not possible to resolve the complainant's concerns by this route the Trustee will follow the formal procedure set out below when resolving a dispute which arises in connection with the Fund. The aim of the procedure is to settle any dispute fairly and at as early a stage as possible.

**The complaint procedure**

The complaint procedure is a two-stage process. In the first instance you must address your complaint to the first stage decision maker (an independent adjudicator), care of:

Jane Hearn  
Secretary to the Trustee of the Procter & Gamble Pension Fund  
Cobalt 12  
Silver Fox Way  
Cobalt Business Park  
Newcastle upon Tyne  
NE27 0QW

Or via email at [hearn.j.1@pg.com](mailto:hearn.j.1@pg.com)

The attached form should be used. In normal circumstances you will receive a full response within 2 months. If you are dissatisfied with the response, you will be entitled to refer the complaint to the Trustee within 6 months of the date of the full response from the first stage decision makers. The Trustee, as second stage decision maker, will reply directly to you, again where possible, within 2 months.

If, following review by the Trustee you are still unhappy, then you may at that stage, **but not before**, refer your complaint to the Pensions Ombudsman. You should note that once you have submitted your initial complaint under the Internal Dispute Resolution Procedure you can refer to The Pensions Advisory Service at any stage in the process for advice. Their address is 11 Belgrave Road, London, SW1V 1RB.

**Who can use this procedure?**

Before completing the attached form, you should ensure that you are eligible to make a complaint under this procedure. To be eligible you must be in one of the following categories.

- Existing Scheme member
  - in active service, or
  - with deferred benefits, or
  - in receipt of a pension
- Widow(er), surviving civil partner or dependant of a deceased member
- Prospective Scheme member
- Anyone ceasing to fall into the above categories within 6 months of making the complaint
- Anyone claiming to fall into any of the above categories

If you wish you may nominate a representative to make the complaint on your behalf. A person suitable to act on behalf of a minor (or any person incapable of acting for themselves) and the personal representative of someone who has died can also make an application.

You will not be able to use the procedure if court or tribunal proceedings have begun or if the Pensions Ombudsman has commenced an investigation.

### **How to make a complaint – first stage**

If you wish to make a complaint, you must submit the attached form to the independent adjudicator, care of Jane Hearn, Secretary to the Trustee.

### **When will you hear?**

You should hear from the independent adjudicator within 2 months of making your complaint. If your complaint cannot be addressed within this timescale you will be told why there is a delay in response and when you can expect to hear further.

### **What does the Trustee do with the data that they collect with regard to your complaint?**

The Trustee will only use your data in connection with answering and resolving the complaint that you are making. The Trustee's privacy policy can be requested from the pension administrators via:

| <b>P&amp;G section</b> | <b>Defined Contribution Section</b>   | <b>Defined Benefit Sections</b>  |
|------------------------|---|--|
| Phone number           | 0345 646 0417   | 0330 123 4932  |
| Email address          | admin@aondefinedcontribution.co.uk  | PG.DBPensions@aon.com  |
| Postal address         | Procter and Gamble Pension Fund<br>The Customer Contact Centre,<br>Sunderland, SR43 4DE | Procter and Gamble Pension Fund<br>Aon, PO Box 196,<br>Huddersfield, HD8 1EG |

**PROCTER & GAMBLE PENSION FUND  
(All sections)**

**INTERNAL DISPUTE RESOLUTION – STAGE 1**

**Part 1  
Details of Fund Member**

|                                      |  |
|--------------------------------------|--|
| <b>Full Name</b>                     |  |
| <b>Address</b>                       |  |
| <b>Email address (if applicable)</b> |  |
| <b>Date of Birth</b>                 |  |
| <b>National Insurance No.</b>        |  |

**Part 2  
Details of Person Making the Complaint**

To be completed only if the person making the complaint is the spouse, civil partner or dependant of the deceased member

|                                      |  |
|--------------------------------------|--|
| <b>Full Name</b>                     |  |
| <b>Address</b>                       |  |
| <b>Email address (if applicable)</b> |  |
| <b>Date of Birth</b>                 |  |
| <b>Relationship to Member</b>        |  |

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

|   |   |
|---|---|
| <b>Full Name</b>  |   |
| <b>Address</b>  |   |
| <b>Email address (if applicable)</b>                                    |   |
| <b>Should correspondence be sent to the address shown above? Yes/No</b> | <b>If No, please set out the address to be used for correspondence below:</b> |

**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.)

|               |  |             |           |
|---------------|--|-------------|-----------|
| <b>Signed</b> | <br>.....<br><b>(by or on behalf of the complainant)</b> | <b>Date</b> | <br>..... |
|---------------|--|-------------|-----------|

Please return the completed form to the independent adjudicator, care of: Jane Hearn, Secretary to the Trustee

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**INTERNAL DISPUTE RESOLUTION – STAGE 2**

Please use this form only if you have received a decision from the independent adjudicator under the First Stage of the dispute resolution procedure.

**Part 1  
Details of Fund Member**

|                                      |  |
|--------------------------------------|--|
| <b>Full Name</b>                     |  |
| <b>Address</b>                       |  |
| <b>Email address (if applicable)</b> |  |
| <b>Date of Birth</b>                 |  |
| <b>National Insurance No.</b>        |  |

**Part 2  
Details of Person Making the Complaint**

To be completed only if the person making the complaint is the spouse, civil partner or dependant of the deceased member.

|                                      |  |
|--------------------------------------|--|
| <b>Full Name</b>                     |  |
| <b>Address</b>                       |  |
| <b>Email address (if applicable)</b> |  |
| <b>Date of Birth</b>                 |  |
| <b>Relationship to Member</b>        |  |

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

|   |   |
|---|---|
| <b>Full Name</b>  |   |
| <b>Address</b>  |   |
| <b>Email address (if applicable)</b>                                    |   |
| <b>Should correspondence be sent to the address shown above? Yes/No</b> | <b>If No, please set out the address to be used for correspondence below:</b> |

**Part 4**

**Reason for the Appeal**

A statement of the disagreement together with sufficient details to demonstrate why you are aggrieved must be provided in the space below. Please also explain why you are dissatisfied with the Stage One decision. (Continue on separate piece of paper if necessary.)

|               |  |             |           |
|---------------|--|-------------|-----------|
| <b>Signed</b> | <br>.....<br><b>(by or on behalf of the complainant)</b> | <b>Date</b> | <br>..... |
|---------------|--|-------------|-----------|

Please return the completed form to the Trustee, care of: Jane Hearn, Secretary to the Trustee.