

# Internal Dispute Resolution Procedure (IDRP) – Stage 2 Application

You can use this form to apply to the Trustee of the Royal Mail Pension Plan (the ‘RMPP’) at stage 2 of the IDRP if you want them to reconsider a determination made by the Pensions Service Centre at stage 1.

This form can be completed online or by hand. If filling in by hand, please write clearly in ink and use capital letters in boxes 1, 2 and 3. Once you have completed the form and read the data protection notice, please sign (digitally or in ink) and return it with any evidence you wish to send in support of your application to the Trustee of the RMPP at:

**ROYAL MAIL PENSION PLAN TRUSTEES LTD**  
**4th FLOOR**  
**IRONMONGER LANE**  
**LONDON**  
**EC2V 8EY**

Because of the sensitive nature of the contents of the form, if you send your application by post, we strongly recommend sending it by recorded or special delivery.

If you prefer you can email the form and copies of any evidence to the Pensions Helpline using the ‘Submit’ button at the end of the form and it will be passed to the Trustee.

If you have any questions about completing the form, please contact the Pensions Helpline on **0345 603 0043** or **pensions.helpline@royalmail.com**.



## 1. Member’s details:

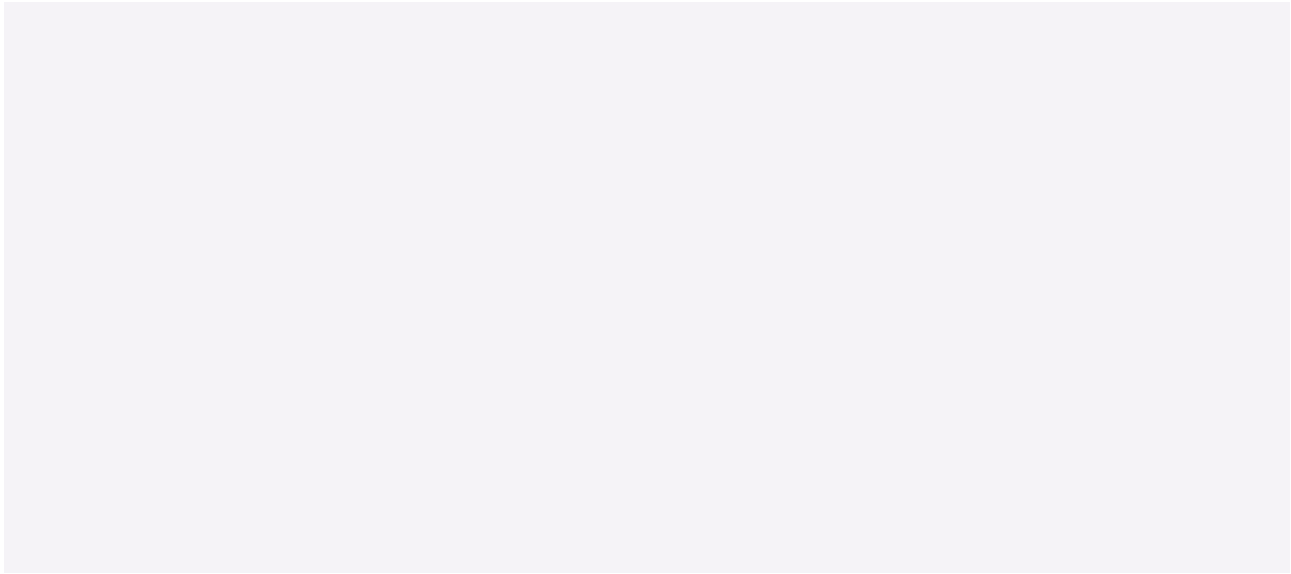
If you are the member (the person who is or was in the RMPP), please give your details in this box. You can then go straight to section 4.

If you are the member’s dependant (for example, widow, widower, surviving civil partner, surviving dependant, or beneficiary), please give the member’s details in this section, and then go to section 2.

If you are representing the applicant, please give the member’s details in this section, and then go to section 3.

Your full name:												
Address:												
											Postcode:	<input type="text"/>
Your date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Membership Number	<input type="text"/>





### Your signature

I would like my IDR complaint to be considered at stage 2 and a decision to be made about it. I am a:

- RMPP member/former member/prospective member\*
- Dependant or beneficiary of a former member\*
- Member's representative/dependant's or beneficiary's representative\*

\*Select appropriate option

Signed:

Date:

--	--	--	--	--	--	--	--

Print

Submit

Reset

