

**LAFARGE UK PENSION TRUSTEES LTD  
FORM IDR1**

**NOTIFICATION OF INTERNAL DISPUTE - FIRST STAGE  
APPLICANT'S FORM TO MAKE A COMPLAINT**

|                                                                                                              |                    |                                                                    |           |  |                             |  |  |
|--------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|-----------|--|-----------------------------|--|--|
| <b>Applicant</b>                                                                                             |                    |                                                                    |           |  |                             |  |  |
| <b>Surname</b>                                                                                               |                    |                                                                    |           |  | <b>Mr/Mrs/Ms/Miss/other</b> |  |  |
| <b>Forenames</b>                                                                                             |                    |                                                                    |           |  |                             |  |  |
| <b>Status</b>                                                                                                | Deferred Pensioner |                                                                    | Pensioner |  | *Other Beneficiary          |  |  |
| <b>Date of Birth</b>                                                                                         |                    | <b>NI Number</b> ( <i>*Other Beneficiaries need not complete</i> ) |           |  |                             |  |  |
| <b>*If "Other Beneficiary" please state Member's name, date of birth, NI number and relationship to you.</b> |                    |                                                                    |           |  |                             |  |  |

|                                            |  |                             |
|--------------------------------------------|--|-----------------------------|
| <b>Representative of Applicant, if any</b> |  |                             |
| <b>Surname and initials</b>                |  | <b>Mr/Mrs/Ms/Miss/Other</b> |

|                                   |  |                       |
|-----------------------------------|--|-----------------------|
| <b>Contact details</b>            |  |                       |
| <b>Address for correspondence</b> |  | <b>Email address:</b> |
|                                   |  | <b>Phone number:</b>  |

|                                                    |                                     |                               |
|----------------------------------------------------|-------------------------------------|-------------------------------|
| <b>Pension Plan to which the complaint relates</b> |                                     |                               |
| Lafarge UK Pension Plan *                          | Aggregate Industries Pension Plan * | <i>*Delete as appropriate</i> |

|                                                                   |                                                                                                                                                                             |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Statement of Complaint:</b>                                    | Please outline the nature of the complaint, include details such as the date(s) on which events giving rise to the complaint occurred, who was involved, remedy sought, etc |
|                                                                   |                                                                                                                                                                             |
| <i>(If applicable, continue on reverse and/or separate sheet)</i> |                                                                                                                                                                             |

|                                                                               |                               |
|-------------------------------------------------------------------------------|-------------------------------|
| <b>Request for extension of "reasonable period" for making an application</b> | <i>Complete if applicable</i> |
|-------------------------------------------------------------------------------|-------------------------------|

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|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Send this form with any attachments to:</b> | Secretary to the Trustee<br>Lafarge UK Pension Trustees Limited<br>c/o Muse Advisory Ltd,<br>KD Tower, Suite 10,<br>The Cotterells,<br>Hemel Hempstead,<br>HP1 1FW | <b>Number of pages</b> |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|

|                               |  |             |
|-------------------------------|--|-------------|
| <b>Signature of Applicant</b> |  | <b>Date</b> |
|-------------------------------|--|-------------|