STEELWORKERS PENSION TRUST

Fund Office: Zenith American Solutions, Administrator, 2 Gateway Center, 603 Stanwix St., Ste. 1500, Pittsburgh, PA 15222-1534
Phone: (412) 482-1876 / 1-800-848-1953/ Fax: (412) 471-0944 / Email: SPTMembers@Zenith-American.com

LUMP SUM DEATH BENEFIT OPTION ELECTION FORM

Note: This form is to be used if the Pensioner wishes to change the beneficiary of the Lump Sum Death Benefit. The change is not effective until this form is properly complete, signed and dated, and received by the Trust Office.

I hereby revoke all prior Beneficiary Designations of my Lump Sum Death Benefit option and hereby designate the following person(s) as the beneficiary(ies) of this option. I understand that upon my death the person(s) named below will receive the Lump Sum Death Benefit amount according to the percentage share elected. I also understand that I can change my designation at any time by completing a new form.

I hereby designate the following person(s) as the beneficiary(ies) of my lump sum death benefit.

PLEASE PRINT

NAME OF BENEFICIARY	**SOCIAL SECURITY NUMBER**	**DATE OF BIRTH**	**ADDRESS** (Street, City, State, & Zip Code)	**RELATIONSHIP** (Spouse, son, daughter, friend, etc.)	**PERCENTAGE SHARE** (must equal 100%)

SIGNATURE OF PARTICIPANT _____ **DATE** _____

PENSIONER ADDRESS: _____

_____

PENSIONER PHONE NUMBER(S) _____

PENSIONER EMAIL _____