



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

If your spouse is living at the time of your death, any death benefit for which you are eligible will be paid to your spouse. If, however, at the time of your death you are unmarried or your spouse is deceased, your death benefit will be paid to any beneficiary you designate. If you fail to designate a beneficiary, the death benefit will be paid to your closest living relative in the following order of preference: children, grandchildren, parents. If you wish to designate a beneficiary to receive your death benefit in the event you die without a living spouse, then complete the following form and return to Steelworkers Pension Trust as soon as possible. If more than one person is designated, payment will be made in equal shares to those beneficiaries living at the time of your death, unless you otherwise provide. To be eligible for a death benefit, an employee must, at the time of death, be actively employed by an employer participating in the Steelworkers Pension Trust and have been covered under the Trust for at least five (5) years.

PLEASE SEND TO:

Steelworkers Pension Trust
c/o Zenith American Solutions
2 Gateway Center
603 Stanwix St., Ste. 1500
Pittsburgh, PA 15222
Or

Fax: 412-471-0944/Email: SPTMembers@zenith-american.com

DEATH BENEFIT BENEFICIARY DESIGNATION FORM FOR EMPLOYEES

Employee's Last Name	First Name	Middle Initial	Gender	Social Security Number
Street Address		City	State	Zip Code
Name of Present Employer		Date of Birth	Phone Number	Email

I, the undersigned, hereby authorize and direct the Steelworkers Pension Trust, in the event of my death at a time I am unmarried or my spouse is deceased, to pay the beneficiaries herein designated, the death benefit due and payable in accordance with the Declaration of Trust of the Steelworkers Pension Trust.

BENEFICIARY/BENEFICIARIES

Name and Gender	Address	Relationship

Signature of Covered Employee _____ **Date** _____

WE ENCOURAGE YOU TO NAME AN ALTERNATE BENEFICIARY IN THE EVENT YOUR SPOUSE DOES NOT SURVIVE YOU.