STEELWORKERS PENSION TRUST

Fund Office: Zenith American Solutions, Administrator, 2 Gateway Center, 603 Stanwix St., Ste. 1500, Pittsburgh, PA 15222-1534
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PERIOD CERTAIN BENEFICIARY ELECTION CHANGE FORM

Note: This form is to be used at any time a Pensioner wishes to change the beneficiary of the Period Certain Pension Option. 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 Period Certain Pension option and hereby designate the following person as the beneficiary of this option. I understand that the person named below will receive the balance of the monthly payments guaranteed by the Trust until the end of the Certain Guaranteed Period if I should die before that time. I also understand that I can change my designation at any time by completing a new form.

I hereby designate the following person as the beneficiary of my Period Certain Pension Option.
NOTE: You can name only one person as the Beneficiary of this option.

PLEASE PRINT.

	Name of beneficiary	**Social Security #**	**Date of birth**	**Relationship**	
PRIMARY					
Address:					

Signature of Participant: _____Date: _____

Pensioner Address: _____

_____

Pensioner Phone Number(s): _____

Pensioner SSN or Pension ID# _____

In case my Primary Beneficiary is not living to collect any remaining pension payment due under my election, I hereby designate the following person as the beneficiary of my Period Certain Pension Option.

	Name of beneficiary	**Social Security #**	**Date of birth**	**Relationship**	
Secondary					
Address:					

Please add additional sheets if necessary. Remember, this monthly benefit is paid to ONE person.