

# STEELWORKERS PENSION TRUST

Fund Office: GEMGroup, Administrator, 3 Gateway Center, 401 Liberty Ave., Ste. 1200, Pittsburgh, PA 15222-1024

## Lump Sum Death Benefit Option Designation Form

This form may be used at any time the Participant wishes to change the Beneficiary of the Lump Sum Death Benefit Option (DBO). The change, however, is not effective until this form is properly completed, signed, dated, and NOTARIZED, and is received by the Trust.

I hereby designate the following person(s) as beneficiary(ies) of my Lump Sum Death Benefit:

PLEASE PRINT

Name of Beneficiary			
Social Security Number			
Address, City, State, Zip Code			
Relationship (Spouse, Son, Daughter, Friend) & Date of Birth			
Percentage share of each (If more than one (1) Beneficiary is designated.)			

\_\_\_\_\_  
NAME OF PARTICIPANT (PRINT)

\_\_\_\_\_  
PARTICIPANT'S Soc. Sec. Number

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

*If you have elected the Joint & Survivor Option  
Your Spouse MUST SIGN this form as well*

\_\_\_\_\_  
SPOUSE'S SIGNATURE

Sworn to and Subscribed

My Commission Expires:

Before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC