

STEELWORKERS PENSION TRUST

Fund Office: **Zenith American Solutions, Inc.**, Administrator, Two Gateway Center, 603 Stanwix St., Ste 1500, Pittsburgh, PA 15222-1024
Phone: 1-800-848-1953 / Fax: (412) 471-0944

FORM TO CHANGE BENEFICIARY OF PERIOD CERTAIN TYPE PENSION

NOTE: This form may be used at any time the Retiree wishes to change the Beneficiary of the Period Certain Pension Option. The change, however, is not effective until this form is properly completed, signed, dated and **NOTARIZED** and is received by The Trust.

I HEREBY REVOKE ALL PRIOR DESIGNATIONS OF THE BENEFICIARY OF MY PERIOD CERTAIN PENSION AND HEREBY DESIGNATE THE FOLLOWING PERSON (MAY ONLY BE ONE PERSON) AS THE BENEFICIARY OF THIS OPTION.

PLEASE PRINT

NAME OF BENEFICIARY

DATE OF BIRTH

BENEFICIARY'S SSN

STREET ADDRESS

RELATIONSHIP (Spouse, Son, Daughter, Etc.)

CITY, STATE ZIP CODE

NAME OF RETIREE

RETIREE'S SSN

SIGNATURE OF RETIREE

DATE

Sworn to and Subscribed

My Commission Expires:

Before me this _____ day

of _____, _____

NOTARY PUBLIC