

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

LUMP SUM DEATH BENEFIT OPTION ELECTION FORM FOR USE BY PARTICIPANT AND SPOUSE

If the Participant and Spouse **HAVE NOT** rejected the Joint and Survivor Annuity, and they wish to elect the Lump Sum Death Benefit, then they must complete and return this Form. On the other hand, the Form is to be discarded if the Participant and Spouse do not wish to elect the Lump Sum Death Benefit or if the Participant and Spouse have rejected the Joint and Survivor Annuity.

We hereby elect the Lump Sum Death Benefit Option. We understand that the Participant's monthly benefit will be reduced and that upon the Participant's death the beneficiary named below will receive the Lump Sum Death Benefit we are providing herein which is twelve (12) times the Participant's reduced benefit. We also understand that we can change the beneficiary at any time and that a Form to do so will be provided to us at the time the payment of the Participant's benefit begins.

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

PLEASE PRINT.

NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	DATE OF BIRTH	ADDRESS CITY, STATE ZIP CODE	RELATIONSHIP (Spouse, son, daughter, friend, etc.)	PERCENTAGE SHARE OF EACH IF MORE THAN ONE (1) IS DESIGNATED

Signature of Participant: _____ Date: _____

Signature of Spouse: _____ Date: _____

APPLICATION