

STEELWORKERS PENSION TRUST

Fund Office: **Zenith American Solutions, Inc.**, 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 ONLY

Note: This Form is to be used if the Participant wishes to elect the Lump Sum Death Benefit. If the Participant does not wish to elect the Lump Sum Death Benefit, the Participant should discard this Form.

I hereby elect the Lump Sum Death Benefit option. I understand that my monthly benefit will be reduced and that upon my death the beneficiary named below will receive the Lump Sum Death Benefit I am providing herein which is twelve (12) times my monthly benefit. I also understand that I can change my beneficiary at any time and that a Form to do so will be provided to me at the time the payment of my 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: _____

APPLICATION