

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 / Fax: (412) 471-0944

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, NOTARIZED, and received by the Trust.**

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

PLEASE PRINT

<u>Name of Beneficiary / Beneficiaries</u>
<u>Social Security Number(s)</u>
<u>Address, City, State, Zip Code</u>
<u>Relationship (spouse, son, daughter, friend, etc.)</u>
<u>Percentage share of each if more than one (1) beneficiary is designated</u>

NAME OF PARTICIPANT (PRINT)

PARTICIPANT'S Soc. Sec. Number

(PRINT)

SIGNATURE

DATE

Sworn to and Subscribed before me this ___ day of _____.

My Commission Expires:

DATE

NOTARY PUBLIC