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Steelworkers Pension Trust

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Gary W. Gordon, CPA
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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 Period Certain Type Pension Option. The change, however, is not effective until this form is properly completed, signed and dated, 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 Social Security Number

Street Address

Relationship (Spouse, son, daughter, friend, etc.)

City, State, Zip Code

Name of Retiree (Please Print)

Retiree's Social Security Number

Signature of Retiree

Date

A Jointly Administered Defined Benefit Plan Since 1953
Providing Accurate, Dependable and Timely Service to our Participants

