

215-633-9200
800-848-1953

Steelworkers Pension Trust

Fax 215-633-0607

Merle J. Duehr, Jr.
*Chairman of the Board of Trustees/
Director of Operations*

Seven Neshaminy Interplex • Suite 301
P.O. Box 660
Trevose, Pennsylvania 19053-0660
www.steelworkerspension.com

Gary W. Gordon, CPA
Accounting Manager
Lisa Kapral
Benefits Manager

Lump Sum Death Benefit Option Designation Form

This form may be used at any time the Retiree or the Retiree and Spouse (if the Joint and Survivor Annuity has not been rejected) 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 and dated, and is received by the Trust.

I HEREBY REVOKE ALL PRIOR DESIGNATIONS OF THE BENEFICIARY OF MY LUMP SUM DEATH BENEFIT OPTION AND DESIGNATE THE FOLLOWING PERSON(S) AS BENEFICIARY(IES) OF THIS OPTION:

PLEASE PRINT			
Name of Beneficiary			
Social Security Number			
Address City, State, Zip Code			
Relationship (Spouse, Son, Daughter, friend, etc.) & Date of Birth			
Percentage Share of each if more than one (1) Beneficiary is designated			

Name of Retiree (Please Print)

Retiree's Social Security Number

Signature of Retiree

Date

If the Joint and Survivor Annuity was not rejected and the Retiree's spouse is living and is still married to the Retiree, then the Spouse must join in this redesignation in order for it to be valid.

I hereby join in the redesignation of the beneficiary(ies) of Retiree's Lump Sum Death Benefit as set forth above.

Date

Signature of Spouse

Sworn to and subscribed before me

This _____ day of _____, 20__.

NOTARY PUBLIC (SEAL)

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

