



Request for Commencement of Deferred Vested Pension

Please send me a distribution package for my Deferred Vested Pension

(Please print all information)

Name: _____

Current Address: _____

Social Security No.: _____

Birthdate: _____

Telephone No.: _____

What Location Did You Work _____
(Name of Company & State)

Approximate Start Date and End Date _____

Hourly or Salary _____

Email Address: _____

I am married: Yes ___ No ___

If Yes, Date of Marriage _____

Spouse's Name: _____

Spouse's Birthdate: _____

Spouse's Social Security No.: _____

I would like to start my Deferred Vested Pension on (date) _____

Signature

Date

Mail, fax, or email this completed form to:

Cleveland Cliffs Steel
Attn: Kathy Johnson
1801 Crawford Street
Middletown, OH 45044
Fax (513) 425-6247
Email: kathy.johnson@clevelandcliffs.com