

PRUDENTIAL LIFE INSURANCE

Active Employees - Beneficiary Designation Form



Pension beneficiary call:

Inland: WTW 1-855-409-9588

ISG: SPT 1-800-848-1953

Cleveland-Cliffs Steel LLC Hourly: SPT 1-800-848-1953

Pension Beneficiaries: If married: PRA and 10-year certain primary beneficiary must be your spouse.

401(k) Beneficiaries: Must be completed through Fidelity Investments 1-800-354-6551 or online at www.401k.com

EMPLOYEE PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH		
LAST 4 DIGITS OF SSN	PAYROLL CLOCK NUMBER	PLANT LOCATION			
STREET ADDRESS		CITY, STATE, ZIP CODE			
BENEFICIARY DESIGNATION – PRIMARY					
NAME	Relationship	Basic Life	Basic AD&D	Optional Life	Optional AD&D
STREET ADDRESS (CITY, STATE, ZIP)	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
LAST 4 DIGITS OF SSN:					
NAME	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
STREET ADDRESS (CITY, STATE, ZIP)	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
LAST 4 DIGITS OF SSN:					
NAME	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
STREET ADDRESS (CITY, STATE, ZIP)	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
LAST 4 DIGITS OF SSN					
TOTAL		100 %	100%	100 %	100 %
BENEFICIARY DESIGNATION - CONTINGENT					
NAME	Relationship	Basic Life	Basic AD&D	Optional Life	Optional AD&D
STREET ADDRESS (CITY, STATE, ZIP)	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
LAST 4 DIGITS OF SSN					
NAME	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
STREET ADDRESS (CITY, STATE, ZIP)	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
LAST 4 DIGITS OF SSN					
NAME	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
STREET ADDRESS (CITY, STATE, ZIP)	_____	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
LAST 4 DIGITS OF SSN					
TOTAL		100 %	100 %	100 %	100 %

EMPLOYEE SIGNATURE. Must be signed and dated by the employee to be valid

DATE

Return to: Cleveland-Cliffs Life Insurance, 3210 Watling Street - MC 7-005 East Chicago, IN 46312-1649 or

Fax: 219-399-6693 or email: life.insurance@clevelandcliffs.com Issue Date: 02/01/2012 / Revision Date: 02/09/2024 Rev 9

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