

PRUDENTIAL LIFE INSURANCE

Active Employees - Beneficiary Designation Form



Pension beneficiary call:

Inland: Aon 1-888-279-6025

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					
	Relationship	Basic Life	Basic AD&D	Optional Life	Optional AD&D
NAME	_____	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
STREET ADDRESS	(CITY, STATE, ZIP)				
LAST 4 DIGITS OF SSN					
NAME	_____	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
STREET ADDRESS	(CITY, STATE, ZIP)				
LAST 4 DIGITS OF SSN					
NAME	_____	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
STREET ADDRESS	(CITY, STATE, ZIP)				
LAST 4 DIGITS OF SSN					
TOTAL		100 %	100 %	100 %	100 %
BENEFICIARY DESIGNATION - CONTINGENT					
	Relationship	Basic Life	Basic AD&D	Optional Life	Optional AD&D
NAME	_____	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
STREET ADDRESS	(CITY, STATE, ZIP)				
LAST 4 DIGITS OF SSN					
NAME	_____	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
STREET ADDRESS	(CITY, STATE, ZIP)				
LAST 4 DIGITS OF SSN					
NAME	_____	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %	<input type="checkbox"/> _____ %
STREET ADDRESS	(CITY, STATE, ZIP)				
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: Cliffs Life Ins 3300 Dickey Road East Chicago, IN 46312-1649 or Fax: 219-399-6693 or email: life.insurance@clevelandcliffs.com Issue Date: 02/01/2012 / Revision Date: 5/6/2021/ Rev 7 Form No. HR2-F003-LifeIns_Beneficiary Form_Cliffs_Prudential_2021