

DIRECT DEPOSIT AUTHORIZATION

PART I

Name	Social Security	Date

I hereby authorize my pension payments from the Cleveland-Cliffs Pension Plan to be directly deposited in my account Number ______ located at the Financial Institution designated below until such time as this authorization is revoked in writing. If any such payments are made, the due dates of which are subsequent to the date of my death, I hereby authorize and direct said Financial Institution to refund same to that the Cleveland-Cliffs Pension Plan and charge any such payments to my account.

Pension Recipient Signature:
PART II
To be completed by Financial Institution:
Financial Institution Name:
Address:
Check One: ACH Transfer Check to Financial Institution
Bank Routing NumberPayee's Account NumberImage: Image of the second sec
Account Type: (Check One) Checking Savings

The above authorization and direction is satisfactory to this Financial Institution, which hereby agrees to accept such deposits, and in consideration of the receipt of such deposits from the Cleveland-Cliffs Pension Plan agrees to repay to it the amount of any such deposits to which the person who signed the above direction was not entitled by reason of his or her death prior to the due date thereof, provided that there are sufficient funds in the deceased's account to cover such repayment.

Financial Institution Authorized Signature		Date	
Return To:			
Cleveland-Cliffs Attn: Retiree Services		NOTE: this must be received by the 15 th of the month to be effective the first of the following month	
3300 Dickey Road		-	
East Chicago, IN 46312			
(800) 356-0078, Option 4			