

Cleveland-Cliffs Pension Plan  
CHANGE OF ADDRESS REQUEST



PLEASE PRINT

First Name	Middle Initial	Last Name
Social Security Number		
<input type="checkbox"/> Home Phone Number		Phone Number (    )    -
<input type="checkbox"/> Cell Phone Number		Phone Number (    )    -

Please complete Part 1 and Part 2 and return the completed form to the address listed below. Both the PRIOR and the NEW address information must be entered or this request will be returned unprocessed.

**PART 1**

**PRIOR Address:**

Street: \_\_\_\_\_ Apt Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**NEW Address:**

Street: \_\_\_\_\_ Apt Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**Alternate Address (if any):**

Street: \_\_\_\_\_ Apt Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**PART 2**

I authorize the address change requested above for all my ArcelorMittal USA LLC retirement benefit accounts.

**SIGNATURE :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO:**  
Cleveland-Cliffs  
Attn: Retiree Services  
3300 Dickey Road  
East Chicago, IN 46312

**NOTE:** This address change request must be received by Retiree Services by the 15th of the month to be effective the first of the following month.