

## Request for Commencement of Deferred Vested Pension

Please send me an application package to start my deferred vested pension

(Please print all information)

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No.: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Location where you worked \_\_\_\_\_  
(Name of Company & State)

Approximate Start Date and End Date \_\_\_\_\_

Hourly or Salary \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you married?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Date of Marriage \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

I would like to start my deferred vested pension on (date) \_\_\_\_\_

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Signature

Date

**Mail, fax, or email this completed form to:**

AK Steel Corporation  
Benefits Service Center  
9227 Centre Pointe Drive  
West Chester, Ohio 45069  
Fax (513) 425-2462  
Email: retiree.assistance@aksteel.com