

Request for Commencement of Deferred Vested Pension

Please send me a distribution package for my Deferred Vested Pension

(Please print all information)

Name: _____

Current Address: _____

Social Security No.: _____

Birthdate: _____

Telephone No.: _____

What Location Did You Work _____

(Name of Company & State)

Approximate Start Date and End Date _____

Hourly or Salary _____

Email Address: _____

I am 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) _____

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