

IN Tek and IN Kote Beneficiary Designation Form



Introduction

If married: PRA and 10-year certain primary beneficiary must be your spouse.
 NOTE: Beneficiary designation for your 401(k) Plan must be completed through Fidelity Investments 1-800-354-6551
Return completed form to: HR Att: Human Resources-Benefits, 30755 Edison Road New Carlisle, IN 46552 Questions Call: 1-574-654-1044. HUMAN_RESOURCES@mittalco.com

Employee/Retiree PERSONAL INFORMATION									
LAST NAME		FIRST NAME		MIDDLE INITIAL		DATE OF BIRTH			
SOCIAL SECURITY NUMBER		PAYROLL NUMBER (ACTIVE EMPLOYEES ONLY)		RETIREMENT DATE (if applicable)					
STREET ADDRESS				CITY, STATE, ZIP CODE					
PLANT LOCATION:									
BENEFICIARY DESIGNATION – PRIMARY			Relationship	Basic Life	Basic AD&D (Salary Only)	Optional Life	Optional AD&D	PRA (Former Inland Salary Only)	10-Year Certain (Former Inland BU Changes ONLY)
NAME PHONE #				<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
STREET ADDRESS (CITY, STATE, ZIP)									
SOCIAL SECURITY NUMBER DATE OF BIRTH									
NAME PHONE #				<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
STREET ADDRESS (CITY, STATE, ZIP)									
SOCIAL SECURITY NUMBER DATE OF BIRTH									
NAME PHONE #				<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
STREET ADDRESS (CITY, STATE, ZIP)									
SOCIAL SECURITY NUMBER DATE OF BIRTH									
TOTAL				100 %	100 %	100 %	100 %	100 %	100 %
BENEFICIARY DESIGNATION - CONTINGENT			Relationship	Basic Life	Basic AD&D (Salary Only)	Optional Life	Optional AD&D	PRA (Former Inland Salary Only)	10-Year Certain (Former Inland BU Changes ONLY)
NAME PHONE #				<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
STREET ADDRESS (CITY, STATE, ZIP)									
SOCIAL SECURITY NUMBER DATE OF BIRTH									
NAME PHONE #				<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
STREET ADDRESS (CITY, STATE, ZIP)									
SOCIAL SECURITY NUMBER DATE OF BIRTH									
NAME PHONE #				<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
STREET ADDRESS (CITY, STATE, ZIP)									
SOCIAL SECURITY NUMBER DATE OF BIRTH									
TOTAL				100 %	100 %	100 %	100 %	100 %	100 %

EMPLOYEE/RETIREE SIGNATURE (Only original signature allowed, NO FACSIMILIES ACCEPTED)

DATE

Beneficiary Designation MUST be **signed and dated** by employee/retiree to be valid.