

U.S.W District Six Savings Plan
R.R.S.P. Deduction Authorization
Stelco Inc. - Lake Erie Works

Employee Name: _____

Employee ID: _____

PLEASE FILL IN ALL OPTIONS

(THIS FORM REPLACES ALL PREVIOUS FORMS IN THEIR ENTIRETY)

P.S.P. Payment

 ALL (100%)
Nothing (0%)

Fund Payment

 ALL (100%)
Nothing (0%)

S.P.P. Payment

 ALL (100%)
Nothing (0%)

Bi-Weekly Pay

--

 \$ _____
(Put an amount or \$0)

***Note: It is your responsibility to be aware of your RRSP contribution limit.
This information can be found on your most recent Notice of Assessment from the
Canada Revenue Agency.***

I authorize the payroll department to make the deductions as indicated above:

Date: _____

Employee Signature: _____

Please return this form to:

Attn: Sara Vacar, Payroll

Email: Sara.Vacar@stelco.com

Fax: 905-308-7091