

**U.S.W. DISTRICT SIX SAVINGS PLAN
R.R.S.P. DEDUCTION AUTHORIZATION
US Steel Canada Inc.**

Employee Perm: _____

Employee Name: _____

OPTION CHECKLIST

Please complete all areas - new form replaces previous instructions

	MANDATORY	All - 100%	Increase by \$100 Increments	Total P.S.P.
P.S.P Payment			\$210 + \$ _____	

		All - 100%	Specified Amount	Nothing - 0%
Fund			Not Available	
S.P.P.			Not Available	

			Specified Amount Per Pay	Nothing - 0%
Bi-Weekly Pay				
		All - 100%		Nothing - 0%
Lump Sum Payment				

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

Date: _____

Employee Signature: _____

When completing or changing instructions, please FILL IN ALL SPACES as the most recent form replaces all previous forms in their entirety.

Please return this form to:

District Six Savings Plan
101 Cherryhill Blvd
Suite 108
London, Ontario
N6H 4S4

Attn: John Cocurullo

Fax: 1-519-679-8374

Phone: 1-800-657-3443