

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