

Stelco Inc. - Pickle Line

Manulife Savings Plan Voluntary RRSP Deduction Authorization

Employee Name: _____

Employee ID: _____

**PLEASE FILL IN ALL OPTIONS
(THIS FORM REPLACES ALL PREVIOUS FORMS IN THEIR ENTIRETY)**

P.S.P. Payments - Quarterly
Employee _____ %
Spousal _____ %

P.S.P. Payment - Annual
Employee _____ %
Spousal _____ %

Any remaining percentage
will be paid in cash

Fund Payments
Employee ALL (100% to RRSPs)
Employee Nothing (0% to RRSPs)

S.P.P. Payments
Employee ALL (100% to RRSPs)
Employee Nothing (0% to RRSPs)

Bi-Weekly Pays
Employee \$ _____ (Put an amount or \$0)
Employee No change

Spousal \$ _____ (Put an amount or \$0)
Spousal No change

Bi-Weekly Pay - One Time Employee \$ _____ Pay Period End Date: _____

*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 CRA.*

I have completed an application form to set up a spousal account with Manulife

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

Date: _____

Employee Signature: _____

Please return this form to:
Sara Vacar - Payroll
Email: Sara.Vacar@stelco.com
Revision Date: July 2023