

Stelco Inc. - Pickle Line

Manulife Savings Plan Voluntary R.R.S.P. 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

ALL (100% to RRSPs)

Employee

\$210 + _____ = \$ _____

Employee

Nothing (0% to RRSPs)

P.S.P. Payment - Annual

Employee

ALL (100% to RRSPs)

Employee

Nothing (0% to RRSPs)

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

One-time

\$ _____

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 Standard Life Insurance Co.

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

Date: _____

Please return this form to:

Sara Vacar - Payroll

Email: Sara.Vacar@stelco.com

Revision Date: March 2023

Employee Signature: _____