

Stelco Inc. - Pickle Line

Manulife Savings Plan - Plan # 41005807
Voluntary TFSA Deduction Authorization

Employee Name: _____

Employee ID: _____

Note: It is your responsibility to be aware of your TFSA contribution limit.

Bi-Weekly Pays

\$ _____
No change

(Put an amount or \$0)

Bi-Weekly Pay - One Time

\$ _____

Pay Period End Date: _____

I have enrolled for a TFSA with Manulife - Plan # 41005807

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

Date: _____

Employee Signature: _____

Please return this form to:

Sara Cargini - Payroll

Email: Sara.Cargini@stelco.com

Revision Date: April 2026