

**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	\$210.00		\$210 + \$ _____	
P.S.P Adjustment				

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

		Specified Amount Per Pay	Nothing - 0%
Bi-Weekly Pay			

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  
633 Colborne Street  
3rd Floor  
London, Ontario  
N6B 2V3

**Attn: John Cocurullo**

**Fax: 1-519-679-8374**

**Phone: 1-800-657-3443**