STELCO INC. RETIREMENT PLAN FOR USW LOCAL 8782 MEMBERS AT LAKE ERIE WORKS

REQUEST FOR DIRECT DEPOSIT

PERIODIC PAYMENTS

Date (YYYY MM DD)

If you change bank accounts, make sure that you do not close your previous account until your pension is deposited in your new account. Please print clearly. Return the duly completed original form and keep a copy for your records. **SECTION 1 – PERSONAL INFORMATION** First name and initials Last name Address (civic number, street name and apartment number) Postal code Country Province City Telephone number Employee number or other identification number **SECTION 2 – INFORMATION ON BANK ACCOUNT** If you have personalized cheques on which your name, address and full account number are printed, please enclose a blank cheque with this application, making sure to write the word "VOID" across the cheque. FIRST NAME LAST NAME ADDRESS CITY, PROVINCE POSTAL CODE NAME OF THE FINANCIAL INSTITUTION ADDRESS CITY, PROVINCE POSTAL CODE 1: Branch number 2: Financial institution number SIGNATURE 3: Account number "00000"000 "000000"0 "000" If you do not have personalized cheques, please provide the following information, using the example above as a reference: Financial institution number Account number Branch number Name of the financial institution Telephone number Address of the financial institution **SECTION 3 – AUTHORIZATION** I hereby authorize my monthly pension payments to be deposited to my bank account starting on the date indicated below. Date as of which the deposit can start (YYYY MM DD):

Signature