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CI Assante Wealth Management

STELCO PAYROLL DEDUCTION AUTHORIZATION FORM

Transaction Type (circle one) new change

Perm # _____

Contributors Name: _____

1. PSP (PROFIT SHARING) – Quarterly circle one stop start
2. PSP (PROFIT SHARING) – Annual circle one stop start
3. Payroll (choose a dollar amount per pay) \$ _____

The contributions that are deducted are to be remitted to Assante Capital Management care of our Trustee B2B Bank (former MRS Bank)

By authorizing the above transaction, I acknowledge that Stelco has no responsibility or authority, and I waive all claims that I may have against Stelco Inc. – Hilton Works with respect to my account.

Date _____ Signature _____