

POWER OF ATTORNEY



Please retain a completed copy for your own records.

Steadyhand Investment Funds Inc.
1747 West 3rd Avenue
Vancouver, BC, V6J 1K7
ph. 1-888-888-3147

Please complete ALL sections of this form.

TO AUTHORIZE ANOTHER PERSON TO HAVE FULL POWER AND AUTHORITY OVER YOUR ACCOUNT(S)

I (we) hereby appoint the agent (whose signature is set forth below) to act as my (our) agent and attorney in fact for my (our) account(s) with Steadyhand Investment Funds Inc. ("Steadyhand"). At such time as this Power of Attorney is signed and properly witnessed, my (our) agent will have the power and authority to carry out all actions as if I was (we were) giving Steadyhand instructions, including but not limited to:

- buy, sell, and transfer units;
- transfer my (our) account;
- order the redemption of units and make payments to the account owner's bank account on file with Steadyhand;
- receive transaction statements and approve and confirm them;
- receive all notices and demands of any kind addressed to or intended for me regarding my (our) account transactions;
- receive payments from or make payments to others;
- withdraw funds from my (our) account;
- sign any agreements with you on my (our) behalf necessary for my (our) transactions; and
- act on my (our) behalf in any other matter regarding my (our) accounts with Steadyhand.

Steadyhand will not notify me if my (our) agent performs any of the above actions since they will have the same effect as though I (we) initiated them. Steadyhand is not required to send me (us) any statements, notices, or demands concerning such actions. By signing the Power of Attorney, I am (we are) approving all of my (our) agent's actions regarding my (our) accounts with Steadyhand.

I (We) agree that this Power of Attorney is binding on me (us) as well as on my (our) heirs, executors, administrators, successors, and assigns. Steadyhand will continue to deal with my (our) agent until this Power of Attorney is ended by Steadyhand actually having received either my (our) written notice of revocation or proof of my (our) death.

I (We) may revoke the Power of Attorney by providing signed written notice to Steadyhand, where my (our) account is kept. I (we) agree to be responsible for any actions taken by my (our) agent regarding my (our) accounts with Steadyhand until Steadyhand has either received my (our) written notice of revocation or proof of my (our) death(s). I (We) agree to indemnify Steadyhand completely from and against any action taken by my (our) agent until such time as you know this appointment has been ended.

1. Account Owner Information

| | | | |
|--------------------|-------------------------------------|------------|----------------------|
| Account Number(s): | <input type="text"/> | | |
| Last Name | <input type="text"/> | First Name | <input type="text"/> |
| Signature | <input checked="" type="checkbox"/> | Date | <input type="text"/> |

OWNER TO SIGN

2. Witness for the Signature of the Account Owner(s)

- Witness must be an **unrelated third party** (someone other than the account holder, POA, or any immediate family members of these persons).
- Witness must sign and date on **same day** as account holder/POA signature(s).

I have no reason to believe that the person(s) whose name(s) appears above is (are) incapable of giving Power of Attorney for property. I have signed this Power of Attorney in the presence of the person(s) whose name(s) appear(s) in the presence of each other.

| | | | |
|-----------|-------------------------------------|------------|----------------------|
| Last Name | <input type="text"/> | First Name | <input type="text"/> |
| Address | <input type="text"/> | | |
| Home ph. | <input type="text"/> | Bus. ph. | <input type="text"/> |
| Signature | <input checked="" type="checkbox"/> | Date | <input type="text"/> |

Must complete all fields

WITNESS TO SIGN

3. Power of Attorney

Note: If you are not an existing Steadyhand account holder we must verify your identity. We will perform an identity check to confirm your relevant personal details. Alternatively, you may include a \$1 cheque payable to "Steadyhand Investment Funds Inc. in Trust". (OPTIONAL)

I accept this appointment as agent and attorney:

| | | | | | |
|-----------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|
| Title | <input type="checkbox"/> Dr. | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Mx. |
| Last Name | <input type="text"/> | | | First Name | <input type="text"/> |
| SIN | <input type="text"/> | | | Birthdate | <input type="text"/> |
| Address | <input type="text"/> | | | | |
| City | <input type="text"/> | | | Province | <input type="text"/> |
| Postal | <input type="text"/> | | | Bus. ph. | <input type="text"/> |
| Home ph. | <input type="text"/> | | | Occupation | <input type="text"/> |
| Email | <input type="text"/> | | | | |

Please provide memorable personal verification information (at least TWO):

| | | | |
|--|----------------------|---|----------------------|
| What is the name of the first school you attended? | <input type="text"/> | In what city did your parents meet? | <input type="text"/> |
| What was the first concert you attended? | <input type="text"/> | What street did you live on in 3rd grade? | <input type="text"/> |

Steadyhand must comply with the federal government's Anti-Money Laundering/Proceeds of Crime Act and verify individuals who are acting as Power of Attorney on accounts. By signing below, I acknowledge, consent to, and authorize Steadyhand to perform an identification check.

| | | | | |
|-----------|-------------------------------------|----------------------|------|----------------------|
| Signature | <input checked="" type="checkbox"/> | <input type="text"/> | Date | <input type="text"/> |
|-----------|-------------------------------------|----------------------|------|----------------------|

POA TO SIGN

4. Witness for the Signature of the Power of Attorney

- Witness must be an **unrelated third party** (someone other than the account holder, POA, or any immediate family members of these persons).
- Witness must sign and date on **same day** as account holder/POA signature(s).

I have no reason to believe that the person(s) whose name(s) appears above is (are) incapable of giving Power of Attorney for property. I have signed this Power of Attorney in the presence of the person(s) whose name(s) appear(s) in the presence of each other.

| | | | | | |
|-----------|-------------------------------------|----------------------|------|----------------------|----------------------|
| Last Name | <input type="text"/> | | | First Name | <input type="text"/> |
| Address | <input type="text"/> | | | | |
| Home ph. | <input type="text"/> | | | Bus. ph. | <input type="text"/> |
| Signature | <input checked="" type="checkbox"/> | <input type="text"/> | Date | <input type="text"/> | |

Must complete all fields

WITNESS TO SIGN