## **INVESTMENT ACCOUNT APPLICATION**

### For Individual, Joint and "In Trust For" Investment Accounts

Please retain a completed copy for your own records. This account is bound by the Client Account Terms and Conditions at <a href="http://steadyhand.com/accounts/forms/">http://steadyhand.com/accounts/forms/</a>

# **Steadyhand**

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

pn. 1-888-888-3147 fax. 1-888-888-3148

I am a new client; or, my Steadyhand Login ID	is:			
1. Account Type (select one)				If you are a <b>NEW</b> client you must provide a personal cheque
☐ Individual In "Trust For" (informal trust) ☐ Joint "In		rith right of survivorship (JWROS) In Trust For" (informal trust) Tenants in common		drawn on a Canadian bank account for the initial purchase amount, or for \$1 if you are funding the account by transferring from another institution.
2. Primary Applicant Information				Please make cheques payable
Title Dr. Mr. Mrs. Ms.	Mx.			to "Steadyhand Investment Funds Inc. in Trust".
Last Name	First Name			
SIN	Birthdate			Please use birthdate format YYYY-MM-DD
Address				
City	Province			
Postal	Dependents			
Home ph.	Mobile ph.			
Employer	Occupation			
If you are a tax resident of a country other than Canad	da, please indica	te the country	and your taxpayer identific	ation number (TIN):
Country		Country		TIN
Please provide memorable personal verific		ation:	In what sity did your para	nto moot?
What is the name of the first school you attended?		7	In what city did your pare	nts meet?
What was the first concert you attended?		What stree	t did you live on in 3rd gra	de?
Important! You must have a valid email address to open receive trade confirmations, account statements, other ac electronic delivery only and that you agree and accept the per the Client Account Terms and Conditions located on your instructions to place subsequent transactions for uni requests we receive via telephone are recorded for secur	count information te terms and condi our website. You a ts of the Steadyha	and mutual fu tions of the Ele also authorize	nd documents via ctronic Delivery Agreement us to accept, by telephone,	
Email				
Signed X	Date			
Check here to subscribe to our monthly email new	sletter			

3. Joint Applicant Information				
Title Dr. Mr. M	Irs. Ms. Mx.	Same address as	primary owner?	
Last Name	First Nam	ne		
SIN	Birthdate			For joint accounts, you must provide a cheque from a joint bank account signed by <b>both</b>
Address				investors, OR each investor must provide a personal cheque for identity verification.
City	Province			If there is more than one joint applicant please also complete
Postal	Depende	nts		the Joint Account Holder Form.
Home ph.	Bus. ph.			
Employer	Occupation	on		
If you are a tax resident of a country oth	ner than Canada, please ir	ndicate the country a	nd your taxpayer ide	ntification number (TIN):
Country	TIN	Country		TIN
Please provide memorable pers	sonal verification info	ormation:		
What is the name of the first school y	ou attended?	lı	n what city did your	parents meet?
What was the first concert you attend	led?	What street o	lid you live on in 3rd	grade?
Important! You must have a valid email at receive trade confirmations, account stater electronic delivery only and that you agree per the Client Account Terms and Conditio your instructions to place subsequent trans requests we receive via telephone are reco	ments, other account inform and accept the terms and on the located on our website. ' sactions for units of the Stea	nation and mutual fund conditions of the Electr You also authorize us adyhand Funds held in	documents via conic Delivery Agreemento accept, by telephon	ent
Email				
Signed X	Date			This section must be signed by
Check here to subscribe to our month	nly email newsletter			the Joint applicant (for Joint accounts only).
4. In Trust For Account Information	tion			
Name of beneficiary(s)				For In Trust For accounts, please complete the <b>Trust Account Agreement</b> .
5. Additional Account Owner(s)	Information (must be o	completed for all acc	ounts)	_
Will other person(s) have trading authority	and/or financial interest in	the account?	☐ No ☐ Yes	If yes, please complete the Power of Attorney Form.
Are you or anyone connected to the accorderms & Conditions?	unt a Politically Exposed Pe	erson as defined in the	☐ No ☐ Yes	
Do you wish to name a Trusted Contact F	Person?		□No □Yes	If yes, please complete the Trusted Contact Person Forn

### 6. Account Objectives and Investor Profile for This Account

Please ensure that your investment instructions accurately reflect your investment objectives and risk tolerance. Risk tolerance is the amount of volatility that you can accept in your investments, and is reflected in the expected percentage of your account that you will hold in funds in each risk category. We will use your risk tolerance in conjunction with your account application information to determine if the asset allocation in your account is appropriate. Steadyhand's equity funds are growth oriented (geared towards capital gains) and may not be a reliable income source of interest or dividends.

Investn	nent Objective	Income max. 10% equity funds	Growth & Income max. 60% equity funds	Growth max100% equity funds	The Founders Fund is considered 60% equity.	
Investn	nent Time Horizon	Under 3 years	3 - 10 years	Over 10 years		
based o returns.	ds have different risk profiles in their expected volatility of Please indicate the <i>percentage</i> ect to hold in each category.		% Medium risk	% Med-high risk (Equity Funds)	Must total 100%. Note that your account cannot exceed your risk tolerance. For example, if	
Your In	vestment Knowledge	Low	Medium	High	you indicate 50% Medium risk, you cannot hold more than 50% equity funds.	
Joint C	lient Investment Knowledge	e	Medium	High		
Annual	Income \$\incide \\$0 - 35,000	S35,000 - 49,999	<u>\$50,000 - 99,999</u>	Over \$100,000	For joint accounts use	
Net Wo	orth	\$100,000 - 499,999	\$500,000-1,999,9	99 Over \$2,000,000	combined annual income and net worth.	
Intende	ed use (e.g. saving for a hou	use. retirement)			.!	
	of funding (e.g. other inves					
		· <u>L</u>				
	al Investment Instructio	ons				
_	eque in the amount of:					
	nsfer from your existing Ste	•				
	T from your bank information			used for future EFT requ	ests)	
∐ Ira	nsfer from investment acco	•				
Code	Fund (	Amount minimum \$10,000 per fun	Parcant	tributions: vest Cash	Distributions are	
110	Savings Fund	\$	%		reinvested by default.	
120	Income Fund	\$	%			
125	Founders Fund	\$	%		For transfers, please	
128	Builders Fund	\$	% [		complete one Transfer Authorization Form per	
130	Equity Fund	\$	% [		relinquishing institution.	
140	Global Equity Fund	\$	% [		Please make cheques to	
150	Small-Cap Equity Fund	\$	% [		"Steadyhand Investmen Funds Inc. in Trust". Any	
160	Global Small-Cap Equity	\$	% [		future Electronic Funds Transfer requests will be	
	TOTAL:	\$	100%		processed from the same account as the cheque	
Please	indicate which fund to pure	hase with \$1 identification o	cheque(s):		you provide.	

#### 8. Account Grouping

If you have other accounts with Steadyhand and wish to group accounts belonging to the investors signing this form for our fee reduction program and consolidated statements, please provide the account names and numbers.

Account Owner	Account Number

If you wish to consolidate statements among related investors who are not completing this application, please complete the **Account Consolidation** form.

#### 9. Agreement

By signing here, you certify that the information you have provided in this application is true, complete and accurate, and may be relied upon by Steadyhand until you provide Steadyhand with notice of any changes. You also confirm that you have read and understand the relevant Fund Facts, the Client Account Terms and Conditions found at <a href="http://www.steadyhand.com/accounts/forms/">http://www.steadyhand.com/accounts/forms/</a>, including the Client Relationship Disclosure, Electronic Delivery Agreement, Website Terms and Conditions, Privacy Policy, Risk of Leveraging Disclosure, and the Debit Purchase Authorization Agreement, and where applicable, the informal trust agreement, and agree to the terms and conditions set out therein. You further confirm that you will advise Steadyhand within 30 days of any change in circumstances that causes the information on this application to become incomplete or inaccurate. You acknowledge, consent to, and authorize Steadyhand to obtain identification verification checks in order to comply with the Federal Anti-Money Laundering/Proceeds of Crime Act.

Applicant Signature X	Date	
Joint Applicant Signature <b>X</b>	Date	

### Please remember:

- for individual accounts, sign Section 2 & 9. For joint accounts, also sign Section 3 and Section 9.
- include your \$1 identification cheque(s). Joint accounts require a signed cheque for each applicant.
- ensure that your selected investments align with the Investment Objective and Risk Profile information completed in Section 6.
- Section 5 must be completed for individual and/or joint accounts.
- watch for an email confirmation once your account is set up and funded.