

TRANSFER AUTHORIZATION for Corporate or Non-Personal Investment Accounts

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

Steadyhand

Tel: 1.888.888.3147
Fax: 1.888.888.3148

Dealer: 7818 CUID: SIFI

1. Account Information

Name of Entity: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Business number (CRA): _____ Tel. (Bus): _____

2. Transfer From (note: if possible, please attach a photocopy of a recent statement for your account)

Name of Relinquishing Institution: _____ Account Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please indicate the amount you are transferring from the above account by checking ONE box only:

- ☐ All assets in the account, transferred as cash
- ☐ Partial withdrawal in cash (specify investments in table to the right)
- ☐ All Steadyhand assets in kind
- ☐ Partial Steadyhand assets in kind (specify other investments to transfer in cash in table to the right)

Name of Investment	Amount
	\$
	\$
	\$
	\$
Total	\$

3. Transfer To: Steadyhand Investment Funds Inc., 1747 West 3rd Avenue, Vancouver, BC, V6J 1K7

- ☐ New Steadyhand Account: Account application completed, OR
- ☐ Existing Steadyhand Account Number: _____

Steadyhand Fund	\$ Amount	%	FER (%)
Select a fund... 			
Select a fund... 			
Select a fund... 			
Select a fund... 			
Select a fund... 			
Select a fund... 			
Select a fund... 			
Total			

4. Client Authorization

By signing here, you request the transfer of your investments as described above. If you have requested a transfer in cash, you understand that all or part of your investments will be liquidated and you agree to pay any fees or penalties charged by the relinquishing institution that may apply.

Signature of signing officer: _____

Name of signing officer: _____ Date (yyyy/mm/dd): _____ / _____ / _____

Signature of signing officer: _____

Name of signing officer: _____ Date (yyyy/mm/dd): _____ / _____ / _____

5. For Use by Relinquishing Institution Only

Amount Transferred: \$ _____

Steadyhand dealer: 7818 CUID: SIFI

Contact Name: _____ Tel: _____ Fax: _____

Authorized signature: _____ Date (yyyy/mm/dd): _____ / _____ / _____