

TRANSFER AUTHORIZATION for REGISTERED INVESTMENTS

Steadyhand

Please complete this form to transfer an existing account or funds into a new or existing Steadyhand account. Complete one form per relinquishing institution as well as one form per investments with different maturity dates (e.g. GIC or term deposits).

Mail to: Steadyhand Investment Funds Inc.
1747 West 3rd Avenue,
Vancouver, BC V6J 1K7
Tel: 1.888.888.3147
Fax: 1.888.888.3148
Dealer: 7818 CUID: SIFI

1. Account Information

Last Name: _____ First Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
S.I.N.: _____ Date of Birth (yyyy/mm/dd): _____
Tel. (Home): _____ Tel. (Mobile): _____

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: _____
Tel.: _____ Fax: _____

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)

For partial withdrawals only, please provide details of the investments you wish to transfer. If you have additional investments, please attach a list.

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

3. Transfer To: Steadyhand Investment Funds Inc.

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

Registered Type: (check one)

- ☐ RSP ☐ Spousal RSP ☐ LRSP/LIRA
☐ RIF ☐ Spousal RIF ☐ LRIF/LIF
☐ TFSA ☐ FHSA



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...			
Select a fund...			

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 charges that may apply.

Signature of account holder **X**: _____ Date (yyyy/mm/dd): _____

5. For Use by Relinquishing Institution Only

Amount Transferred: \$ _____ Type: ☐ RSP ☐ LRSP ☐ LIRA ☐ Qualified RIF ☐ Non-Qualified RIF
☐ LRIF ☐ LIF ☐ PRIF ☐ TFSA ☐ FHSA
Steadyhand dealer: 7818 CUID: SIFI

Is this account a Spousal/Common-Law partner Plan? ☐ No ☐ Yes if yes, please complete the following information:

Name of contributor: _____ S.I.N. _____ - _____ - _____

Locked-In funds: ☐ No ☐ Yes: If yes, amount \$ _____ in locked-in funds. Governing legislation: _____ Confirmation attached

Contact Name: _____ Tel: _____ Fax: _____

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