

TRANSFER AUTHORIZATION for Individual or Joint 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

Last Name (Primary account holder): _____ First Name: _____
Last Name (Joint account holder): _____ 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: _____

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 and Cheque Payable 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... ▼			
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 (Primary account holder): _____ Date (yyyy/mm/dd): _____
Signature (Joint account holder): _____ 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): _____