FIRST HOME SAVINGS ACCOUNT APPLICATION

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

Steadyhand

Steadyhand Investment Funds Inc.
1747 West 3rd Avenue
Vancouver, BC, V6J 1K7
ph. 1-888-888-3147
fax. 1-888-888-3148

☐ I am a new client; or, my Steadyhand Login ID is:

1. Holder Information

Title ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx.

Last Name		First Name	
SIN		Birthdate	
Address			
City		Province	
Postal		Dependents	
Home ph.		Mobile ph.	
Employer		Occupation	

If you are a **NEW** client you must provide a personal cheque 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.

Please make cheques payable to **"Steadyhand Investment Funds Inc. in Trust"**.

Please use birthdate format YYYY-MM-DD

If you are a tax resident of a country other than Canada, please indicate the country and your taxpayer identification number (TIN):

Country TIN Country TIN

Please provide memorable personal verification information:

What is the name of the first school you attended? In what city did your parents meet?

What was the first concert you attended? What street did you live on in 3rd grade?

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 account a Politically Exposed Person as defined in the Terms & Conditions? ☐ No ☐ Yes

Do you wish to name a Trusted Contact Person? ☐ No ☐ Yes

If yes, please complete the **Trusted Contact Person Form**

Important! You must have a valid email address to open an account. By signing here, you confirm that you agree to receive trade confirmations, account statements, other account information and mutual fund documents via electronic delivery only and that you agree and accept the terms and conditions of the Electronic Delivery Agreement per the Client Account Terms and Conditions located on our website. You also authorize us to accept, by telephone, your instructions to place subsequent transactions for units of the Steadyhand Funds held in this account. All requests we receive via telephone are recorded for security purposes.

Email

Signed **X** Date

Check here to subscribe to our monthly email newsletter ☐

2. Beneficiary Information

☐ Designate my estate as beneficiary, or

☐ Designate the following individual as beneficiary:

Choose one option only (either your estate or an individual).

Title ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx. Same address as annuitant? ☐

Last Name		First Name	
SIN		Birthdate	
Address			
City		Province	
Postal		Relationship	
Email			

SIN and birthdate are only required if you have elected your spouse as the beneficiary and Survivor holder of the FHSA.

☐ I have designated my spouse or common-law partner as my beneficiary, and elect to have my spouse or common-law partner, if then living, become the Survivor holder of the FHSA upon my death.

3. Account Objectives and Investor Profile for This Account

Please ensure that your investment instructions accurately reflect your investment objectives and risk profile. Risk profile is the lessor of your risk tolerance and risk capacity. Risk profile 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 and capacity 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.

Investment Objective	☐ Income *max. 10% equity funds*	☐ Growth & Income *max. 60% equity funds*	☐ Growth *max100% equity funds*
Investment Time Horizon	☐ Under 3 years	☐ 3 - 10 years	☐ Over 10 years
Our funds have different risk profiles based on their expected volatility of returns. Please indicate the *percentage* you expect to hold in each category.	____ % Low risk *(Savings Fund)*	____ % Medium risk *(Income/Founders Funds)*	____ % Med-high risk *(Equity Funds)*

The Founders Fund is considered 60% equity.

Must total 100%. Note that your account holdings cannot exceed your risk profile. For example, if you indicate 50% Medium risk, you cannot hold more than 50% equity funds.

Your Investment Knowledge		☐ Low	☐ Medium	☐ High
Annual Income	☐ $0 - 35,000	☐ $35,000 - 49,999	☐ $50,000 - 99,999	☐ Over $100,000
Net Worth	☐ $0 - 99,999	☐ $100,000 - 499,999	☐ $500,000-1,999,999	☐ Over $2,000,000

Intended use (e.g. investment, retirement)	
Source of funding (e.g. other investment firm, income)	

4. Initial Investment Instructions

☐ Cheque in the amount of:

☐ Transfer from your existing Steadyhand account # / fund:

Please make cheques payable to "**Steadyhand Investment Funds Inc. in Trust**".

☐ EFT from your bank information on file for existing Steadyhand account # (will be used for future EFT requests)

☐ Transfer from FHSA account at separate institution, approximate amount:

Code Fund	Amount (minimum $10,000 per fund)	Percent	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:	$	**100%**	

For transfers, please complete one **Transfer Authorization for Registered Investments Form** per relinquishing institution.

If applicable, your $1 identification cheque will be distributed to the Steadyhand funds in accordance with National Instrument 81-102. It will not be deposited directly to your account.

5. 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.

6. 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 http://www.steadyhand.com/accounts/forms/, including the Client Relationship Disclosures, Electronic Delivery Agreement, Website Terms and Conditions, Privacy Policy, Risk of Leveraging Disclosure, and Debit Purchase Authorization Agreement, and you 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 an identification verification check in order to comply with the Federal Anti-Money Laundering/Proceeds of Crime Act (as necessary). You also confirm that you have read, understand, and agree to the terms of the Declaration of Trust found in the Terms & Conditions. You hereby make application for a Steadyhand Investment Funds First Home Savings Account and request that Canadian Western Trust file an election to register the qualifying arrangement as a First Home Savings Account under section 146.6 of the Income Tax Act (Canada).

Holder Signature **X** Date

for Steadyhand use only

Accepted as agent for the Trustee Date