### **AUTOMATIC PURCHASE FORM**

Use this form to setup automatic purchases to your existing account.

info@steadyhand.com Phone: 1.888.888.3147 Fax: 1.888.888.3148

# **Steadyhand**

Mail or fax completed forms to: Steadyhand Investment Funds Inc. 1747 West 3rd Avenue Vancouver, BC, V6J 1K7

#### 1. Account Holder Information

Steadyhand Account Number: Account Holder:					
Contact telephone: Email:					
Account Type: Investment/Corporate RSP SRSP TFSA FHSA					
2. Automatic Purchase of Steadyhand Funds from Your Bank Account ('Pre-Authorized Chequing'):					
<ul> <li>If your bank account information has changed, please include a void cheque.</li> <li>Funds will be withdrawn from your account on the 1st and/or 15th of each month. For non-business days, the withdrawal will be on the next business day.</li> <li>For RSP, TFSA, and FHSA contributions, you are responsible for calculating your maximum allowable contribution.</li> <li>For Spousal RSP contributions, the spousal contributor agrees to fund the contribution to the account holders spousal RSP account and must complete an EFT Authorization Agreement.</li> <li>We must receive this form three business days before the next scheduled trade in order for the automatic purchase to occur that month. You may cancel at any time via phone or written instruction; however, cancellations must be received four business days before the next scheduled trade or that transactions will proceed.</li> <li>Transaction confirmations will be shown in the client portal at www.steadyhand.com; you will not receive email transaction confirmations.</li> <li>In the event of a dishonored cheque, we may charge you a fee for any expenses occurred, and we may cancel your future automatic purchases.</li> <li>Transactions are categorized as Fund Transfer Pre-Authorized Debits per the Canadian Payments Association.</li> </ul>					
This is a: New Automatic Purchase Change to an existing Automatic Purchase plan					
Start date (YYYY/MM/DD): Monthly (1st OR 15th of month), or Semi-monthly (1st AND 15th of month)					
nyoetment Instructions (minimum sutemetic nurchase amount is \$100 per fund);					

## Investment Instructions (minimum automatic purchase amount is \$100 per tung):

	Fund Number and Name	\$ Amount	Percent
110	Steadyhand Savings Fund	\$	%
120	Steadyhand Income Fund	\$	%
125	Steadyhand Founders Fund	\$	%
128	Steadyhand Builders Fund	\$	%
130	Steadyhand Equity Fund	\$	%
140	Steadyhand Global Equity Fund	\$	%
150	Steadyhand Small-Cap Equity Fund	\$	%
160	Steadyhand Global Small-Cap Equity Fund	\$	%
	TOTAL:	\$	100%

#### 3. Signature

I/we acknowledge that I/we will not receive a Fund Facts document for subsequent purchases under this pre-authorized purchase plan, unless I/we specifically request it. I/we am entitled to receive upon request, at no cost to myself, the most recently filed Fund Facts document by contacting Steadyhand. An electronic copy of the Fund Facts document can also be obtained by visiting www.steadyhand.com. I/we will not have a right of withdrawal under securities legislation for subsequent purchases of a mutual fund under the plan, but will continue to have a right of action if there is a misrepresentation in the prospectus or any document incorporated by reference into the prospectus. I/we may terminate the plan at any time.

I/we authorize Steadyhand Investment Funds Inc. to debit my bank account with my banking information on file as per the instructions above. I/we waive the ten (10) day pre-notification period for the first trade. I/we may revoke my authorization at any time, subject to providing notice of four (4) business days via phone or written instructions to Steadyhand Investment Funds Inc. You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our right to cancel my/our automatic purchase agreement or my/our recourse rights, I may contact my financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.

Account Holder: (or Spousal contributor for Spousal RSPs)	Date (yyyy/mm/dd):
Account Holder:(if joint/corporate accounts)	Date (yyyy/mm/dd):