

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

1. Applicant Information

Name	<input type="text"/>		
Nature of business	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Postal	<input type="text"/>	CRA #	<input type="text"/>
Phone	<input type="text"/>		

This is the name of the corporation or partnership.

Will other person(s) have trading authority and/or financial interest in the account? No Yes

Are you or anyone connected to the account a tax resident of a country other than Canada? No Yes

Are you or anyone connected to the account a Politically Exposed Person as defined in the Terms & Conditions? No Yes

If yes, please complete the **Power of Attorney Form**.

If yes, please complete a **RC519** form for each person.

Personal verification information for the PRIMARY authorized signing officer:

Title Dr. Mr. Mrs. Ms.

Last Name	<input type="text"/>	First Name	<input type="text"/>
Date	<input type="text"/>	Date Hint	<input type="text"/>
Location	<input type="text"/>	Password*	<input type="text"/>

Your mother's maiden name

* Your password must have a minimum of 6 and a maximum of 16 alphanumeric characters, and must include at least one letter, one number, and one symbol (e.g. steady123\$). Passwords are case sensitive.

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. Electronic delivery of account information is sent to the primary signing officer ONLY.

Check here to subscribe to our monthly email newsletter

Email

This must be signed by the PRIMARY signing officer.

Signed X	<input type="text"/>	Date	<input type="text"/>
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Additional authorized signing officer agreement to electronic delivery:

Last Name	<input type="text"/>	First Name	<input type="text"/>
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If applicable, this must be signed by the additional signing officer.

Signed X	<input type="text"/>	Date	<input type="text"/>
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2. Account Objectives and Investor Profile for This Account

Please ensure that your investment instructions accurately reflect your [investment objectives](#) and [risk tolerance](#). Risk tolerance is the amount of volatility that you can accept in your investments, and 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 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	<input type="checkbox"/> Income <i>max. 10% equity funds</i>	<input type="checkbox"/> Growth & Income <i>max. 60% equity funds</i>	<input type="checkbox"/> Growth <i>max 100% equity funds</i>
Investment Time Horizon	<input type="checkbox"/> Under 3 years	<input type="checkbox"/> 3 - 10 years	<input type="checkbox"/> Over 10 years
Our funds have different risk profiles based on their expected volatility of returns. Please indicate the <i>percentage</i> you expect to hold in each category.	<input type="text"/> % Low risk <i>(Savings Fund)</i>	<input type="text"/> % Medium risk <i>(Income/Founders Funds)</i>	<input type="text"/> % Med-high risk <i>(Equity Funds)</i>

The Founders Fund is considered 60% equity.

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

Your Investment Knowledge	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	
Annual Income	<input type="checkbox"/> \$0 - 35,000	<input type="checkbox"/> \$35,000 - 49,999	<input type="checkbox"/> \$50,000 - 99,999	<input type="checkbox"/> Over \$100,000
Net Worth	<input type="checkbox"/> \$0 - 99,999	<input type="checkbox"/> \$100,000 - 499,999	<input type="checkbox"/> \$500,000-1,999,999	<input type="checkbox"/> Over \$2,000,000

The Annual Income and Net Worth refer to the entity opening an account.

Intended use (e.g. investment)

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

3. Initial Investment Instructions

Code	Fund	Amount (minimum \$10,000 per fund)	Percent	Distributions: Reinvest Cash	
110	Savings Fund	\$ <input type="text"/>	% <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Income Fund	\$ <input type="text"/>	% <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Founders Fund	\$ <input type="text"/>	% <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Equity Fund	\$ <input type="text"/>	% <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Global Equity Fund	\$ <input type="text"/>	% <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Small-Cap Equity Fund	\$ <input type="text"/>	% <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:		\$ <input type="text"/>	100%		

Distributions are reinvested by default.

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

Please make cheques to **"Steadyhand Investment Funds Inc. in Trust"**. Any future Electronic Funds Transfer requests will be processed from the same account as the cheque you provide.

If applicable, \$1 identification cheques will be distributed to the Steadyhand funds in accordance with National Instrument 81-102. It will not be deposited directly into the corporate or partnership account.

4. 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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you wish to consolidate statements among related investors who are not completing this application, please complete the **Account Consolidation** form.

5. 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 Disclosure, Electronic Delivery Agreement, Website Terms and Conditions, Privacy Policy, Risk of Leveraging Disclosure, and the Debit Purchase Authorization Agreement, and where applicable, the informal trust agreement, and 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 for any person acting as trading authority for this account

By signing here you also understand and agree that the identified authorized signing officer(s) is/are the only person(s) who can give us instructions on, or receive information about the account, unless you advise us otherwise.

Last Name	<input type="text"/>	First Name	<input type="text"/>
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This must be signed by the PRIMARY signing officer.

Signed <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
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Last Name	<input type="text"/>	First Name	<input type="text"/>
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If applicable, this must be signed by the additional signing officer.

Signed <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
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Please remember:

- * primary and secondary authorized signatories must sign sections 1 and 5. EACH authorized signatory must include a **personal** \$1 identification cheque for identity verification.
- * you **must** provide a copy of the establishing documentation of the company or partnership (e.g. articles/certificate or incorporation or partnership certificate).
- * complete either a Corporate Resolution of Directors form or Resolution of Partners form.
- * if not funding this account via cheque, please provide a void corporate cheque for future EFT trades.
- * ensure that your selected investments align with the Investment Objective and Risk Profile information completed in Section 2.
- * watch for an email confirmation once your account is set up and funded.