## INVESTMENT ACCOUNT APPLICATION

#### For Individual, Joint and "In Trust For" Investment Accounts

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

# **Steadyhand**

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

pn. 1-888-888-3147 fax. 1-888-888-3148

I am a new client; or, my Steadyhand Login ID	is:			
1. Account Type (select one)				If you are a <b>NEW</b> client you must provide a personal cheque
☐ Individual Investment ☐ Individual In "Trust For" (informal trust)	☐ Joint with right of survivorship (JWROS) ☐ Joint "In Trust For" (informal trust) ☐ Joint – Tenants in common			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.
2. Primary Applicant Information				Please make cheques payable
Title Dr. Mr. Mrs. Ms.	Mx.			to "Steadyhand Investment Funds Inc. in Trust".
Last Name	First Name			
SIN	Birthdate			Please use birthdate format YYYY-MM-DD
Address				
City	Province			
Postal	Dependent	s		
Home ph.	Mobile ph.			
Employer	Occupation			
If you are a tax resident of a country other than Cana	da, please ind	icate the country	y and your taxpayer identifi	cation number (TIN):
Country		Country		TIN
Please provide memorable personal verifi	cation infor	mation:		
What is the name of the first school you attended?	,		In what city did your par	ents meet?
What was the first concert you attended?		What stree	et did you live on in 3rd gra	ade?
,				,
Important! You must have a valid email address to open receive trade confirmations, account statements, other ac electronic delivery only and that you agree and accept the per the Client Account Terms and Conditions located on your instructions to place subsequent transactions for uni requests we receive via telephone are recorded for security.	ecount informat e terms and cor our website. Yo its of the Stead	ion and mutual funditions of the Ele ou also authorize	and documents via ectronic Delivery Agreement us to accept, by telephone,	
Email				
Signed X	Date			
Check here to subscribe to our monthly email new	sletter			

3. Joint Applicant Information						
Title Dr. Mr.	Mrs. Ms.	☐Mx. Sa	me address as	primary ow	ner?	
Last Name		First Name				
SIN		Birthdate				For joint accounts, you must provide a cheque from a joint bank account signed by <b>both</b>
Address						investors, OR <b>each</b> investor must provide a personal chequ for identity verification.
City		Province				If there is more than one joint applicant please also complete
Postal		Dependents				the Joint Account Holder Form.
Home ph.		Bus. ph.				
Employer		Occupation				
If you are a tax resident of a country	other than Canad	a, please indica	te the country a	nd your taxp	ayer identifica	ation number (TIN):
Country	TIN		Country			TIN
Please provide memorable po	ersonal verific	ation informa	ation:			
What is the name of the first school	l you attended?		I	n what city c	id your parer	nts meet?
What was the first concert you atte	ended?	ı	What street o	did vou live o	n in 3rd grad	e?
·	I			•	J	L
Important! You must have a valid emai receive trade confirmations, account state electronic delivery only and that you agree the Client Account Terms and Cond your instructions to place subsequent tracequests we receive via telephone are re-	atements, other acc ree and accept the itions located on o ansactions for units	count information terms and condit ur website. You a s of the Steadyha	and mutual fund ions of the Elect llso authorize us	documents v ronic Delivery to accept, by	a Agreement telephone,	
Email		· · ·				
Signed X		Date				
Check here to subscribe to our mo	nthly email news					This section must be signed by the Joint applicant (for Joint accounts only).
	•					accounte only).
4. In Trust For Account Inform	nation					For In Trust For accounts,
Name of beneficiary(s)						please complete the Trust Account Agreement.
5. Additional Account Owner(	s) Information	I (must be comp	leted for all acc	ounts)		
Will other person(s) have trading author	rity and/or financia	l interest in the a	ccount?	☐ No	Yes	If yes, please complete the Power of Attorney Form.
Are you or anyone connected to the ac Terms & Conditions?	count a Politically l	Exposed Person	as defined in the	No	Yes	
Do you wish to name a Trusted Contac	ct Person?			□No	□Yes	If yes, please complete the Trusted Contact Person Forn

### 6. 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.

Investn	nent Objective	Income max. 10% equity funds	Growth & Inco max. 60% equity		owth 1x100% e	quity funds	The Founders Fund is considered 60% equity.
Investn	nent Time Horizon	Under 3 years	3 - 10 years	Ov	er 10 ye	ars	
based o returns.	ds have different risk profiles in their expected volatility of Please indicate the <i>percentage</i> ect to hold in each category.		% Mediun	ļ	% Me	d-high risk	Must total 100%. Note that your account holdings cannot exceed your risk profile. For example, if you indicate 50% Medium risk,
Your In	vestment Knowledge	Low	Medium		High		you cannot hold more than 50% equity funds.
Joint C	lient Investment Knowledge	Low	Medium		High		
Annual	Income \$0 - 35,000	\$35,000 - 49,999	<u>\$50,000 - 99</u>	9,999 🔲	Over \$1	00,000	For joint accounts use
Net Worth \$0 - 99,999 \$100,000 - 499,999 \$500,000-1,999,999 Over \$2,000,000						000,000	combined annual income and net worth.
Intende	ed use (e.g. saving for a hou	use, retirement)					
Source	of funding (e.g. other inves	etment firm, income)					
7. Initia	al Investment Instructio	ons					
	al Investment Instruction	ons					
Che							
Che	eque in the amount of:	adyhand account # / fund:	hand account # (v	will be used fo	or future	EFT requ	ests)
Che	eque in the amount of:	adyhand account # / fund: n on file for existing Steadyl			or future	EFT requ	rests)
Che	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor	adyhand account # / fund: n on file for existing Steadyl	approximate amou		ns:	EFT requ	Distributions are
Che	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a	approximate amou	unt:  Distribution	ns:		
Code	eque in the amount of:  nsfer from your existing Ste  I from your bank information  nsfer from investment accor  Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun	approximate amou	unt:  Distribution	ns:	Fee	Distributions are
Code	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor  Fund  Savings Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun	Percent %	unt:  Distribution	ns:	<b>Fee</b> 0.45%	Distributions are reinvested by default.
Code 110 120	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor  Fund  Savings Fund  Income Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun  \$	Percent  %  %	unt:  Distribution	ns:	Fee 0.45% 1.04%	Distributions are reinvested by default.  For transfers, please complete one Transfer Authorization Form per
☐ Che ☐ Tra ☐ EF ☐ Tra ☐ tra Code 110 120 125	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor  Fund  Savings Fund  Income Fund  Founders Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun  \$  \$  \$	Percent  %  %  %  %	unt:  Distribution	ns:	Fee 0.45% 1.04% 1.34%	Distributions are reinvested by default.  For transfers, please complete one <b>Transfer</b>
☐ Che ☐ Tra ☐ EF ☐ Tra Code 110 120 125 128	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor  Fund  Savings Fund  Income Fund  Founders Fund  Builders Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun  \$  \$  \$  \$	Percent  %  %  %  %  %  %	unt:  Distribution	ns:	Fee 0.45% 1.04% 1.34% 1.63%	Distributions are reinvested by default.  For transfers, please complete one Transfer Authorization Form per relinquishing institution.  Please make cheques to
Code 110 120 125 128 130	eque in the amount of:  nsfer from your existing Ste  f from your bank information  nsfer from investment accor  Fund  Savings Fund  Income Fund  Founders Fund  Builders Fund  Equity Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	Percent  %  %  %  %  %  %  %  %  %  %	unt:  Distribution	ns:	Fee 0.45% 1.04% 1.34% 1.63% 1.42%	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
Code 110 120 125 128 130 140	eque in the amount of:  nsfer from your existing Ste  f from your bank information nsfer from investment accor  Fund Savings Fund Income Fund Founders Fund Builders Fund Equity Fund Global Equity Fund	adyhand account # / fund: n on file for existing Steadyl unt at separate institution, a  Amount minimum \$10,000 per fun  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	Percent  %  %  %  %  %  %  %  %  %  %  %  %  %	unt:  Distribution	ns:	Fee 0.45% 1.04% 1.34% 1.63% 1.42% 1.78%	Distributions are reinvested by default.  For transfers, please complete one Transfer Authorization Form per relinquishing institution.  Please make cheques to "Steadyhand Investment"

#### 8. 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.

## 9. 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 <a href="http://www.steadyhand.com/accounts/forms/">http://www.steadyhand.com/accounts/forms/</a>, 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 identification verification checks in order to comply with the Federal Anti-Money Laundering/Proceeds of Crime Act.

Applicant Signature X	Date	
Joint Applicant Signature X	Date	

#### Please remember:

- for individual accounts, sign Section 2 & 9. For joint accounts, also sign Section 3 and Section 9.
- include your \$1 identification cheque(s). Joint accounts require a signed cheque for each applicant.
- ensure that your selected investments align with the Investment Objective and Risk Profile information completed in Section 6.
- Section 5 must be completed for individual and/or joint accounts.
- watch for an email confirmation once your account is set up and funded.