

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 <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. Account Type (select one)

- | | |
|---|---|
| <input type="checkbox"/> Individual Investment | <input type="checkbox"/> Joint with right of survivorship (JWROS) |
| <input type="checkbox"/> Individual In "Trust For" (informal trust) | <input type="checkbox"/> Joint "In Trust For" (informal trust) |
| | <input type="checkbox"/> Joint – Tenants in common |

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.

2. Primary Applicant Information

Title Dr. Mr. Mrs. Ms.

Last Name First Name

SIN Birthdate

Address

City Province

Postal Dependents

Home ph. Bus. ph.

Employer Occupation

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:

Date Date Hint

Location Password*

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.

Email

Signed Date

Check here to subscribe to our monthly email newsletter

3. Joint Applicant Information

Title Dr. Mr. Mrs. Ms. Same address as primary owner?

Last Name First Name

SIN Birthdate

Address

City Province

Postal Dependents

Home ph. Bus. ph.

Employer Occupation

For joint accounts, you must provide a cheque from a joint bank account signed by **both** investors, OR **each** investor must provide a personal cheque for identity verification.

If there is more than one joint applicant please also complete the **Joint Account Holder Form**.

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:

Date Date Hint

Location Password*

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.

Email

Signed Date

Check here to subscribe to our monthly email newsletter

This section must be signed by the Joint applicant (for Joint accounts only).

4. In Trust For Account Information

Name of beneficiary(s)

For In Trust For accounts, please complete the **Trust Account Agreement**.

5. Additional Account Owner(s) Information (must be completed for all accounts)

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

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

6. 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>	
Your Investment Knowledge	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	
Joint Client 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 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.

For joint accounts use combined annual income and net worth.

Intended use (e.g. saving for a house, retirement)

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

7. Initial Investment Instructions

Cheque in the amount of:

Transfer from your existing Steadyhand account # / fund:

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

Transfer from investment account at separate institution, approximate amount:

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.

Please indicate which fund to purchase with \$1 identification cheque(s):

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
<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.

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 <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 identification verification checks in order to comply with the Federal Anti-Money Laundering/Proceeds of Crime Act.

Applicant Signature	<input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
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Joint Applicant Signature	<input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
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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.

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

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

2. Automatic Purchase of Steadyhand Funds from Your Bank Account ('Pre-Authorized Chequing'):

- If your bank account information has changed, please include a void cheque.
- 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.
- For RSP and TFSA contributions, you are responsible for calculating your maximum allowable contribution.
- 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**.
- 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.
- Transaction confirmations will be shown in the client portal at www.steadyhand.com; you will not receive email transaction confirmations.
- 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.
- Transactions are categorized as Fund Transfer Pre-Authorized Debits per the Canadian Payments Association.

Start date (YYYY/MM/DD): _____ Monthly (1st OR 15th of month), or Semi-monthly (1st AND 15th of month)

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

	Fund Number and Name	\$ Amount	Percent
110	Steadyhand Savings Fund	\$	%
120	Steadyhand Income Fund	\$	%
125	Steadyhand Founders Fund	\$	%
130	Steadyhand Equity Fund	\$	%
140	Steadyhand Global Equity Fund	\$	%
150	Steadyhand 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 www.cdnipay.ca.

Account Holder: _____ Date (yyyy/mm/dd): _____ / _____ / _____

Account Holder: _____ Date (yyyy/mm/dd): _____ / _____ / _____
(if joint/corporate accounts)