

PURCHASE FORM



Use this form to make a subsequent deposit to your existing account

Steadyhand Investment Funds Inc.
www.steadyhand.com
1.888.888.3147

1. Account Holder Information

Steadyhand Account Number: _____

Account Holder: _____

Contact telephone: _____ Email: _____

Account Type:

- Investment Account Registered Retirement Savings Plan (RSP) Spousal Registered Retirement Savings Plan (SRSP)
 TFSA Registered Retirement Income Fund (RIF) Spousal Registered Retirement Income Fund (SRIF)

2. Deposit Information

The minimum subsequent investment per fund is \$1,000.

A. Source of Funds:

- Cheque, made payable to: **Steadyhand Investment Funds Inc. in Trust** \$ _____
- Electronic Funds Transfer: **I/we authorize Steadyhand Investment Funds Inc. to debit my bank account, with my banking information on file, for the purpose of this transaction.** \$ _____
- Transfer of Assets from another institution: **Please complete the appropriate TRANSFER AUTHORIZATION form.** \$ _____

B. Investment Instructions:

Please indicate how you would like your total investment allocated.

	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

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

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

Mail or fax the completed form to:

Steadyhand Investment Funds Inc.,
1747 West 3rd Avenue,
Vancouver, BC V6J 1K7 Fax: 1-888-888-3148