

**Certified Copy of  
RESOLUTION OF ALL PARTNERS**

www.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

Business Name: \_\_\_\_\_

Passed as of the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**BE IT RESOLVED:**

**1. That** \_\_\_\_\_ (name of the "Partnership")

open an Investment account with Steadyhand Investment Funds Inc.

**2. That** the Partnership completes the Corporate Account Application with Steadyhand Investment Funds Inc.

**3. That** (please check ONE of the boxes below)

Any one of the following partners:

Any \_\_\_\_\_ (insert number) of the following partners:

All of the following partners:

Each partner listed below must include a \$1 personal cheque payable to "Steadyhand Investment Funds Inc. in Trust" and consent to a identification check as per Anti-Money Laundering Act requirements.

Name (print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Home address: \_\_\_\_\_

Do you directly or indirectly control over 25% or more units of the partnership?  Yes  No

If "Yes", please state your occupation if not employed full-time by the partnership: \_\_\_\_\_

Name (print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Home address: \_\_\_\_\_

Do you directly or indirectly own/control over 25% or more units of the partnership?  Yes  No

If "Yes", please state your occupation if not employed full-time by the partnership: \_\_\_\_\_

Name (print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Home address: \_\_\_\_\_

Do you directly or indirectly own/control over 25% or more units of the partnership?  Yes  No

If "Yes", please state your occupation if not employed full-time by the partnership: \_\_\_\_\_

Name (print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Home address: \_\_\_\_\_

Do you directly or indirectly own/control over 25% or more units of the partnership?  Yes  No

If "Yes", please state your occupation if not employed full-time by the partnership: \_\_\_\_\_

Whose name(s) appear(s) above has/have and is/are hereby given full power and authority by the Partnership to deal with all decisions with respect to the Partnership's Investment Account and to execute any documents in connection therewith and all such documents executed by said partner(s) on behalf of the Partnership are hereby ratified and confirmed and Steadyhand Investment Funds Inc. shall be entitled to rely upon this authority without the need to make further inquires of the Partnership. The Proceeds of Crime (Money Laundering) and Terrorist Financing Act obligates Steadyhand to identify all individuals who own or control (directly or indirectly) over 25% of the partnership. Please provide the name, address and occupation of anyone meeting this criteria who has not been listed above.

**4. That** the Managing Partner of the Partnership shall inform Steadyhand Investment Funds Inc. of all changes of persons holding the position(s) listed in Section 3.

**Certified** to be a true copy of a Resolution duly passed by the Partners of \_\_\_\_\_

(the "Partnership") at a properly constituted meeting duly held on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, which Resolution is now in full force and effect, has not been amended and does not conflict with the Partnership Agreement of said Partnership.

Managing partner (print): \_\_\_\_\_ Signature: \_\_\_\_\_