

**TRANSFER AUTHORIZATION for Individual or Joint INVESTMENT ACCOUNTS**



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

Tel: 1.888.888.3147  
Fax: 1.888.888.3148

Dealer: 7818 CUID: SIFI

**1. Account Information**

Last Name (Primary account holder): \_\_\_\_\_ First Name: \_\_\_\_\_  
 Last Name (Joint account holder): \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 S.I.N.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Tel. (Home): \_\_\_\_\_ Tel. (Bus.): \_\_\_\_\_

**2. Transfer From (note: if possible, please attach a photocopy of a recent statement for your account)**

Name of Relinquishing Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please indicate the amount you are transferring from the above account by checking ONE box only:

- All assets in the account, transferred as cash
- Partial withdrawal in cash (specify investments in table to the right)
- All Steadyhand assets in kind
- Partial Steadyhand assets in kind (specify other investments to transfer in cash in table to the right)

Name of Investment	Amount
	\$
	\$
	\$
	\$
<b>Total</b>	\$ _____

**3. Transfer and Cheque Payable To: Steadyhand Investment Funds Inc., 1747 West 3rd Avenue, Vancouver, BC, V6J 1K7**

- New Steadyhand Account: Account application completed, **OR**
- Existing Steadyhand Account Number: \_\_\_\_\_

	Steadyhand Fund	\$ Amount	%
110	Savings Fund		
120	Income Fund		
125	Founders Fund		
130	Equity Fund		
140	Global Equity Fund		
150	Small-Cap Equity Fund		
	<b>Total</b>		

**4. Client Authorization**

By signing here, you request the transfer of your investments as described above. If you have requested a transfer in cash, you understand that all or part of your investments will be liquidated and you agree to pay any fees or penalties charged by the relinquishing institution that may apply.

Signature (Primary account holder): \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature (Joint account holder): \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**5. For Use by Relinquishing Institution Only**

Amount Transferred: \$ \_\_\_\_\_ Steadyhand dealer: 7818 CUID: SIFI

Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_