

## ACCOUNT ACCESS / STATEMENT RECIPIENT

# Steadyhand

www.steadyhand.com  
Phone: 1.888.888.3147  
Fax: 1.888.888.3148

Mail or fax completed form to:  
Steadyhand Investment Funds Inc.  
1747 West 3rd Avenue,  
Vancouver, BC V6J 1K7

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### TO AUTHORIZE ANOTHER PERSON TO RECEIVE STATEMENTS FOR YOUR ACCOUNT(S)

I (we) hereby appoint the agent (whose signature is set forth below) to receive statements and access information for my (our) account(s) with Steadyhand Investment Funds Inc. The agent will be provided with a login ID to our secure client portal and will be able to view account information (holdings, transactions) as well as my (our) account(s) statements. The agent does not have any authority to transact in my (our) account(s).

I (We) may revoke access by giving a signed, written notice addressed and delivered to the offices of Steadyhand Investment Funds Inc., where my (our) account is kept.

#### 1. ACCOUNT INFORMATION

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

#### 2. AGENT: I accept this access to account information and statements.

Agent Name: \_\_\_\_\_

Agent Birthdate (yyyy/mm/dd): \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

#### ACCOUNT SECURITY

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**Please provide personal verification information. We will ask you this information for security purposes if you phone us with an inquiry.**

Memorable date (please do not use your birthday): \_\_\_\_\_ Hint: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_ Memorable location: \_\_\_\_\_

**We will contact the agent with their login information for the client portal.**