

### What is a “trusted contact person”?

A “trusted contact person” is a person that you authorize your financial institution to contact in limited circumstances regarding you or your accounts, such as if your investment advisor has trouble reaching you, has a reasonable belief that your account may be exposed to possible financial exploitation or has concerns about your mental capacity. A trusted contact person must be 18 years of age or older. Ideally, your trusted contact person would not have an interest in your accounts or assets and would not be involved in making financial decisions with respect to your accounts (*such as a power of attorney*).

Naming someone as a trusted contact person does not give that person any authority to act on your behalf, execute transactions or engage in activity in your account.

### Why would you add a trusted contact person to your accounts at Steadyhand?

- If Steadyhand cannot reach you, adding a trusted contact person to your accounts may allow us to confirm that your current address and contact information are correct.
- Adding a trusted contact person to your Steadyhand accounts may help us respond to possible financial exploitation or fraud in relation to your accounts and protect your accounts’ assets.
- If Steadyhand suspects that you are experiencing a health issue, adding a trusted contact person to your accounts may help us confirm your current health status.
- Adding a trusted contact person to your Steadyhand accounts may help us verify the identity of any legal guardian, executor, trustee or holder of a power of attorney on your accounts.

Mail or fax completed forms to:  
Steadyhand Investment Funds Inc.  
1747 West 3<sup>rd</sup> Avenue  
Vancouver BC, V6J 1K7  
Phone: 1.888.888.3147  
Fax 1.888.888.3148

1. Authorization to contact “trusted contact person” (TCP)

I hereby authorize **Steadyhand Investment Funds Inc. (“Steadyhand”)** and their representatives, (collectively known as “**Authorized Persons**”) to contact, discuss concerns and disclose certain personal and confidential information about me and my accounts to the **Primary TCP** or the **Alternate TCP**, should one of the following situations arise where Steadyhand and any Authorized Person:

- suspects that I may be experiencing financial exploitation or mistreatment;
- becomes concerned about my ability to understand my financial situation, to make financial decisions in my own interests, or to understand the consequences of a financial decision that I made or want to make; or
- is unable to reach me and is seeking contact information.

I understand and agree that:

- Steadyhand and its Authorized Persons may disclose personal and confidential information about me and my accounts when they contact my TCP(s) in one of the situations described above. I consent to such disclosure.
- Steadyhand and its Authorized Person are not obligated to contact my TCP(s) and cannot be held responsible for not doing so.
- A temporary hold on transactions may be placed by Steadyhand for the time that is necessary to address concerns about my situation. I will be notified if such a hold is placed.
- The Primary TCP will usually be contacted first. The Alternate TCP will be contacted in the event the Primary TCP refuses, is unable or unavailable to assist, or is suspected of being in a conflict of interest or financially exploiting or mistreating me.
- My TCP(s) are not permitted to execute transactions, make financial decisions for me nor act on my behalf, unless they are also my “attorney” or another legal representative.
- I will notify my TCP(s) of this appointment, the circumstances under which they might be contacted by Authorized Persons and the fact that I have given their contact information to Steadyhand.
- Unless I specifically indicate otherwise in writing, the information contained in this form and my consent will apply in relation to all my accounts with Steadyhand.
- Only I, and no one else, may revoke consent or change my TCP(s) at any time.
- This form and my consent will remain valid unless revoked by me in writing.

Name of client

Signature of client	Date
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# TRUSTED CONTACT PERSON CONSENT FORM

Check here if this *TCP Form* supersedes a previously signed form.

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## 2. Primary TCP Information:

Name of primary TCP

Relationship to account holder

Address

City

Province

Postal Code

Phone number

Other phone number

Email address

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## 3. Alternate TCP Information (optional):

Name of Alternate TCP

Relationship to account holder

Address

City

Province

Postal Code

Phone number

Other phone number

Email address

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