

TRANSFER AUTHORIZATION for REGISTERED INVESTMENTS

Steadyhand

Mail to: 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

Please complete this form to transfer an existing account or funds into a new or existing Steadyhand account. Complete one form per relinquishing institution as well as one form per investments with different maturity dates (e.g. GIC or term deposits).

1. Account Information

Last Name: _____ First Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 S.I.N.: _____ Date of Birth (yyyy/mm/dd): _____
 Tel. (Home): _____ Tel. (Mobile): _____

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: _____
 Tel.: _____ Fax: _____

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)

For partial withdrawals only, please provide details of the investments you wish to transfer. If you have additional investments, please attach a list.

Name of Investment	Amount
	\$
	\$
	\$
Total	\$

3. Transfer To: Steadyhand Investment Funds Inc.

New Steadyhand Account: Account application completed, **OR**
 Existing Steadyhand Account Number: _____

Registered Type: (check one)

- RSP Spousal RSP LRSP/LIRA
- RIF Spousal RIF LRIF/LIF
- TFSA FHSA



	Steadyhand Fund	\$ Amount	%
110	Savings Fund		
120	Income Fund		
125	Founders Fund		
128	Builders Fund		
130	Equity Fund		
140	Global Equity Fund		
150	Small-Cap Equity Fund		
160	Global Small-Cap Equity Fund		

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 charges that may apply.

Signature of account holder **X**: _____ Date (yyyy/mm/dd): _____

5. For Use by Relinquishing Institution Only

Amount Transferred: \$ _____ Type: RSP LRSP LIRA Qualified RIF Non-Qualified RIF
 LRIF LIF PRIF TFSA FHSA

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Is this account a Spousal/Common-Law partner Plan? No Yes if yes, please complete the following information:

Name of contributor: _____ S.I.N. _____ - _____ - _____

Locked-In funds: No Yes: If yes, amount \$ _____ in locked-in funds. Governing legislation: _____ Confirmation attached

Contact Name: _____ Tel: _____ Fax: _____

Authorized signature: _____ Date (yyyy/mm/dd): _____