

# TRANSFER AUTHORIZATION for Corporate or Non-Personal Investment Accounts

# Steadyhand

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

Name of Entity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Business number (CRA): \_\_\_\_\_ 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 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		
128	Builders Fund		
130	Equity Fund		
140	Global Equity Fund		
150	Small-Cap Equity Fund		
160	Global 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 of signing officer: \_\_\_\_\_  
 Name of signing officer: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of signing officer: \_\_\_\_\_  
 Name of signing officer: \_\_\_\_\_ 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): \_\_\_\_/\_\_\_\_/\_\_\_\_