

RETIREMENT INCOME FUND ACCOUNT APPLICATION



Please retain a completed copy for your own records. This account is bound by the Client Account Terms and Conditions at <http://steadyhand.com/accounts/forms/>

Steadyhand Investment Funds Inc.
1747 West 3rd Avenue
Vancouver, BC, V6J 1K7
ph. 1-888-888-3147
fax. 1-888-888-3148

I am a new client; or, my Steadyhand Login ID is:

1. Account Type

RIF Life Income Fund (LIF)* Locked-In RIF (LRIF)*
 Spousal RIF Prescribed RIF (PRIF)* RLIF*

* For Locked-In Plans only, indicate governing legislation and complete a Locked-In addendum form:

Are the funds being transferred from a RIF that was established before January 1, 1993? No Yes

2. Annuitant Information

Title Dr. Mr. Mrs. Ms. Mx.

Last Name First Name

SIN Birthdate

Address

City Province

Postal Dependents

Home ph. Bus. ph.

Employer Occupation

If you are a **NEW** client you must provide a personal cheque drawn on a Canadian bank account for the initial purchase amount, or for \$1 if you are funding the account by transferring from another institution.

Please make cheques payable to **"Steadyhand Investment Funds Inc. in Trust"**.

Please use birthdate format YYYY-MM-DD

Please provide memorable personal verification information:

What is the name of the first school you attended? In what city did your parents meet?

What was the first concert you attended? What street did you live on in 3rd grade?

Important! You must have a valid email address to open an account. By signing here, you confirm that you agree to receive trade confirmations, account statements, other account information and mutual fund documents via electronic delivery only and that you agree and accept the terms and conditions of the Electronic Delivery Agreement per the Client Account Terms and Conditions located on our website. You also authorize us to accept, by telephone, your instructions to place subsequent transactions for units of the Steadyhand Funds held in this account. All requests we receive via telephone are recorded for security purposes.

Email

Signed Date

Check here to subscribe to our monthly email newsletter

3. Spousal Account Information (for spousal accounts only)

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mx.	Same address as annuitant?	<input type="checkbox"/>
Last Name	<input type="text"/>			First Name	<input type="text"/>		
SIN	<input type="text"/>			Birthdate	<input type="text"/>		
Address	<input type="text"/>						
City	<input type="text"/>			Province	<input type="text"/>		
Postal	<input type="text"/>			Dependents	<input type="text"/>		
Home ph.	<input type="text"/>			Mobile ph.	<input type="text"/>		
Employer	<input type="text"/>			Occupation	<input type="text"/>		

4. Beneficiary Information

Designate my estate as beneficiary, or

Designate the following individual as beneficiary:

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mx.	Same address as annuitant?	<input type="checkbox"/>
Last Name	<input type="text"/>			First Name	<input type="text"/>		
SIN	<input type="text"/>			Birthdate	<input type="text"/>		
Address	<input type="text"/>						
City	<input type="text"/>			Province	<input type="text"/>		
Postal	<input type="text"/>			Relationship	<input type="text"/>		
Email	<input type="text"/>						

Choose one option only (either your estate or an individual).

SIN and birthdate are only required if you have elected your spouse as the beneficiary and Successor Annuitant.

For RIF accounts only (not available for locked-in funds): I have designated my spouse or common-law partner as my beneficiary, and elect to have my spouse or common-law partner, if then living, become the Successor Annuitant and receive payments after my death for as long as there are Fund Assets.

5. Additional Account Owner Information

Will other person(s) have trading authority and/or financial interest in the account? No Yes

Are you or anyone connected to the account a Politically Exposed Person as defined in the Terms & Conditions? No Yes

Do you wish to name a Trusted Contact Person? No Yes

If yes, please complete the **Power of Attorney Form**.

If yes, please complete the **Trusted Contact Person Form**

6. Account Objectives and Investor Profile for This Account

Please ensure that your investment instructions accurately reflect your [investment objectives](#) and [risk tolerance](#). Risk tolerance is the amount of volatility that you can accept in your investments, and is reflected in the expected percentage of your account that you will hold in funds in each risk category. We will use your risk tolerance in conjunction with your account application information to determine if the asset allocation in your account is appropriate. Steadyhand's equity funds are growth oriented (geared towards capital gains) and may not be a reliable income source of interest or dividends.

Investment Objective	<input type="checkbox"/> Income <i>max. 10% equity funds</i>	<input type="checkbox"/> Growth & Income <i>max. 60% equity funds</i>	<input type="checkbox"/> Growth <i>max 100% equity funds</i>
Investment Time Horizon	<input type="checkbox"/> Under 3 years	<input type="checkbox"/> 3 - 10 years	<input type="checkbox"/> Over 10 years
Our funds have different risk profiles based on their expected volatility of returns. Please indicate the <i>percentage</i> you expect to hold in each category.	<input type="text"/> % Low risk <i>(Savings Fund)</i>	<input type="text"/> % Medium risk <i>(Income/Founders Funds)</i>	<input type="text"/> % Med-high risk <i>(Equity Funds)</i>

The Founders Fund is considered 60% equity.

Must total 100%. Note that your account cannot exceed your risk tolerance. For example, if you indicate 50% Medium risk, you cannot hold more than 50% equity funds.

Your Investment Knowledge	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	
Annual Income	<input type="checkbox"/> \$0 - 35,000	<input type="checkbox"/> \$35,000 - 49,999	<input type="checkbox"/> \$50,000 - 99,999	<input type="checkbox"/> Over \$100,000
Net Worth	<input type="checkbox"/> \$0 - 99,999	<input type="checkbox"/> \$100,000 - 499,999	<input type="checkbox"/> \$500,000-1,999,999	<input type="checkbox"/> Over \$2,000,000

Intended use (e.g. investment, retirement)

Source of funding (e.g. other investment firm, income)

7. Initial Investment Instructions

Transfer from your existing Steadyhand RSP account #:

Transfer from a RRIF or Pension Plan account at a separate institution

For transfers, please complete one **Transfer Authorization for Registered Investments Form** or **Transfer Form for Pension Investments (T2151)** per relinquishing institution.

Code	Fund	Amount (minimum \$10,000 per fund)	Percent
110	Savings Fund	\$ <input type="text"/>	% <input type="text"/>
120	Income Fund	\$ <input type="text"/>	% <input type="text"/>
125	Founders Fund	\$ <input type="text"/>	% <input type="text"/>
128	Builders Fund	\$ <input type="text"/>	% <input type="text"/>
130	Equity Fund	\$ <input type="text"/>	% <input type="text"/>
140	Global Equity Fund	\$ <input type="text"/>	% <input type="text"/>
150	Small-Cap Equity Fund	\$ <input type="text"/>	% <input type="text"/>
160	Global Small-Cap Equity	\$ <input type="text"/>	% <input type="text"/>
TOTAL:		\$ <input type="text"/>	100%

Please make cheques to **"Steadyhand Investment Funds Inc. in Trust"**. Any future Electronic Funds Transfer requests will be processed from the contributor's void cheque you provide.

If applicable, your \$1 identification cheque will be distributed to the Steadyhand funds in accordance with National Instrument 81-102. It will not be deposited directly to your account.

8. Retirement Income Payment Options

For RIFs, LIFs, and LRIFs, your annual payment cannot be less than the minimum amount required by law. For LIFs and LRIFs, your annual payment cannot exceed the maximum amount required by law. Your prescribed annual payment as required under the Income Tax Act will be made on the 15th of the month. You do not have to take a payment within the first year that you convert your Retirement Savings Plan (RSP) into your Retirement Income Fund Plan (RIF). If you request a payment in the first year, withholding tax may apply to this payment.

Select payment amount:

Minimum (default)

Maximum (LIF's only)

Other amount per payment \$*

Select payment frequency:

Annually (November 15th, default)

Quarterly (15th of each 3rd month)

Monthly (15th of the month)

We will notify you in January via email as to your minimum / maximum amount.

* Amounts over the minimum are subject to withholding tax, and are GROSS unless specified as NET.

If you would like a specific amount of withholding tax applied, please indicate the percentage below:

Apply withholding amount (% only): on total amount, or on amount in excess of minimum

Scheduled redemptions are prorated based on your account holdings, unless specified below:

Code	Fund		Amount		Percent
110	Savings Fund	\$	<input type="text"/>	%	<input type="text"/>
120	Income Fund	\$	<input type="text"/>	%	<input type="text"/>
125	Founders Fund	\$	<input type="text"/>	%	<input type="text"/>
128	Builders Fund	\$	<input type="text"/>	%	<input type="text"/>
130	Equity Fund	\$	<input type="text"/>	%	<input type="text"/>
140	Global Equity Fund	\$	<input type="text"/>	%	<input type="text"/>
150	Small-Cap Equity Fund	\$	<input type="text"/>	%	<input type="text"/>
160	Global Small-Cap Equity	\$	<input type="text"/>	%	<input type="text"/>
TOTAL:		\$	<input type="text"/>		100%

9. Election to Have Payments Based on Age of Spouse or Common-Law Partner

If your spouse or common-law partner is younger than you, their age may be used to calculate the minimum annual payment for a RIF, LIF, or LRIF. Their age cannot be used in the calculation of the maximum payout on a LIF or LRIF. Please complete only if your spouse or common-law partner is younger than you **AND** you would like to base your minimum payment on their age.

Spouse or common-law partner information:

Last Name First Name
 SIN Birthdate

10. Account Grouping

If you have other accounts with Steadyhand and wish to group accounts belonging to the investors signing this form for our fee reduction program and consolidated statements, please provide the account names and numbers.

Account Owner	Account Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you wish to consolidate statements among related investors who are not completing this application, please complete the **Account Consolidation** form.

11. Agreement

By signing here, you certify that the information you have provided in this application is true, complete and accurate, and may be relied upon by Steadyhand until you provide Steadyhand with notice of any changes. You also confirm that you have read and understand the relevant Fund Facts, the Client Account Terms and Conditions found at <http://www.steadyhand.com/accounts/forms/>, including the Client Relationship Disclosures, Electronic Delivery Agreement, Website Terms and Conditions, Privacy Policy, Risk of Leveraging Disclosure, and Debit Purchase Authorization Agreement, and you agree to the terms and conditions set out therein. You acknowledge, consent to, and authorize Steadyhand to obtain an identification verification check in order to comply with the Federal Anti-Money Laundering/Proceeds of Crime Act (as necessary). You further confirm that you will advise Steadyhand within 30 days of any change in circumstances that causes the information on this application to become incomplete or inaccurate. You also confirm that you have read, understand, and agree to the terms of the Declaration of Trust found in the Terms & Conditions. You request that the Trustee apply to register this Fund as a Registered Retirement Income Fund under the Income Tax Act (Canada).

Annuitant Signature	X <input type="text"/>	Date	<input type="text"/>
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Please remember:

- * sign Section 2 & 11.
- * include your \$1 identification cheque.
- * ensure that your selected investments align with the Investment Objective and Risk Profile information completed in Section 6.
- * for Locked-In Plans, you must complete and provide the appropriate Locked-In Addendum.
- * complete and sign one transfer form for each account transfer.
- * watch for an email confirmation once your account is set up and funded.
- * if this is a new LIF resulting from conversion of a LIRA or LRSP, spousal consent may be required. Contact us for more details.
- * for questions on how your minimum/maximum amount is calculated, refer to “Converting your RRSP to RRIF at Steadyhand – A Guide to Converting Registered Accounts” available on our site.