



Active Trader
Securities Account Application
Entity Accounts

Four High Ridge Park
Stamford, Connecticut 06905
Telephone: 203.388.2700
Fax: 203.321.0071

Toll Free: 877.836.3949
www.visionfinancialmarkets.com

To Apply for an Account

- Please complete the Customer Account Information Form (FORM 1)
- Please read and sign the Customer Agreement (FORM 2) on page 14
- Please read and sign the Margin Agreement (FORM 3) on page 22
- Please read and sign the Day Trading Risk Disclosure Statement (FORM 4) on page 23
- Please read and sign the Web Site Access and Online Delivery Consent (FORM 5) on page 24
- Consult with Vision's Client Services team if you have any questions regarding account setup, optional features, required information or any other questions related to establishing your new account.

Additional Documentation

- Please include a clear photocopy (enlarged, if possible) of your current passport, drivers license or other government issued document bearing a photograph and including a signature when returning this application.
- Certain types of accounts and optional features selected by you in this Account Application will require additional documentation. Please see Vision's New Account Documentation Requirements available on our Web site or speak to Vision's Client Services team to clarify the requirements for your account.

Securities Investor Protection Corporation

Vision is a member of the Securities Investor Protection Corporation ("SIPC"), which protects securities customers of its members up to \$500,000 (including up to \$250,000 for claims for cash). You may obtain information about SIPC, including the SIPC explanatory brochure, by calling SIPC at 202.371.8300 or by visiting their Web site, www.sipc.org. In addition, a hyperlink to the SIPC Web site is available from Vision's Web site.

Please make a copy of your completed and signed Securities Account Application and return the original along with any required additional documentation to Vision Financial Markets.

Funding Your Account

You may fund your account in four ways:

1. Bank Wires

Vision considers wires as cleared funds and allows you to trade immediately upon receipt of the funds. Once you are provided an account number, you may wire funds.

2. Electronic Funds Transfer (ACH)

Make a one-time ACH payment (also known as an "eCheck") once you are provided with an account number. Recurring transfers as part of an automatic investment program will require the completion of a separate ACH form, but a one-time initial funding of your new account can be made utilizing the bank instructions below.

3. Transfer an Existing Account

Please complete and sign the Securities Account Transfer Form (FORM 6). If you are consolidating multiple, existing accounts into your new account at Vision, please complete a separate transfer form for each of the existing accounts.

4. Checks (Please make checks payable to "VISION FINANCIAL MARKETS LLC")

Generally, a transfer from another brokerage firm will be considered as cleared funds. All other instruments, including bank, cashier and personal checks, may require up to three (3) days for bank clearance. Vision will not accept third party checks except those payable directly to you from other broker/dealers or from the Internal Revenue Service.

DO NOT SEND CHECKS DIRECTLY TO U.S. BANK. PLEASE SEND THEM TO VISION'S STAMFORD OFFICE (FOUR HIGH RIDGE PARK, STAMFORD, CT 06905).

Vision does not accept money orders, travelers checks, starter checks, third party checks (except as indicated above) or cash.

You May Wire or ACH U.S. Dollar Funds To:

U.S. Bank

ABA number: 081-000-210

For: Vision Financial Markets LLC

Operating Account

A/C number: 1-523-0777-1294

Further Credit to the Account

of _____

Customer Name and Account Number

For wire instructions on other currencies, please send an e-mail to: treasury@vfmarkets.com

Provide personal information on the primary individual associated with this account (such as the primary owner, authorized individual, custodian, administrator, trustee, partner or participant).

Personal Information for Primary Authorized Individual

_____ Last Name First Name MI		(____) _____ Business Telephone	(____) _____ Home Telephone
_____ Residence Address (Street Address - No P.O. Boxes Allowed)		(____) _____ Cell Phone	(____) _____ Fax
_____ City, State, Zip, Country		_____ Social Security Number (if applicable)	_____ Number of Dependents
Address for account statements, if different from above		_____ Date of Birth (MM/DD/YYYY)	_____ Marital Status
_____ Street Address		_____ Mother's Maiden Name	
_____ City, State, Zip, Country		_____@_____ Primary E-mail Address (for delivery of statements and confirmations, if elected)	
		_____@_____ Secondary E-mail Address	

Duplicate Information (optional)

To Additional Authorized Individual (if applicable)

Send account information to each account holder's primary e-mail address. Otherwise, all account information will be sent to the e-mail address of the primary authorized individual for the account and will be deemed to have been delivered to all account holders.

To Third Party (Attach additional sheets if necessary) Send this party duplicate: **Statements** **Confirmations**
 Electronically via e-mail (no charge).

_____ Name	_____@_____ E-mail Address
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Employment Information and Affiliations

Employer and Industry: If employed, please state the name and address of your employer and the nature of the business. If you are self-employed, provide the name of your business and industry. If retired, please list your last position.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Not Employed |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Retired |

Position/Title (if self-employed, please provide occupation):

Employer:

Years There: _____

Address of Employer (city, state and country):

If not employed, state reason: _____

Interest in a Public Company

Please check the appropriate box(es) below and indicate ticker symbol(s) if you, or any member of your immediate household, are associated with a public company, whether US or non-US, in one or more of the following capacities:

- | | | | |
|---|-------------------------|--|-------------------------|
| <input type="checkbox"/> Executive Officer ¹ | Ticker Symbol(s): _____ | <input type="checkbox"/> 10% Shareholder | Ticker Symbol(s): _____ |
| <input type="checkbox"/> Director | Ticker Symbol(s): _____ | <input type="checkbox"/> 5% Shareholder | Ticker Symbol(s): _____ |

*An executive officer is defined as a company's president, any vice president in charge of a principal business unit, division or function (such as sales, administration or finance), any other officer who performs a policy making function, or any other person who performs similar policy making function for the company. If you are not sure whether you are an executive officer, please consult with your company's in-house counsel.

Required Under Vision's Anti-Money Laundering Policy

Check one: U.S. Citizen Resident Alien Non-Resident Alien

Your Country of Citizenship

Drivers License #, Passport # or Alien Identification Card # (if applicable)

Source of investable funds: Employment Inheritance Savings Other (Please Specify): _____

Please include a photocopy (enlarged if possible) of your current passport, drivers license or other government issued document bearing a photograph and including a signature when returning this application.

I am I am not a current or former senior official of a foreign government or political party, or senior executive of a foreign government-owned commercial enterprise, or a family member or close associate of such person.

Use this section to provide personal information on any additional individual associated with this account (such as an authorized individual, minor, administrator, trustee, partner or participant).

Personal Information for Additional Authorized Individual

Last Name First Name MI

Residence Address (Street Address - No P.O. Boxes Allowed)

City, State, Zip, Country

Address for account statements, if different from above

Street Address

City, State, Zip, Country

(____) _____ (____) _____
Business Telephone Home Telephone

(____) _____ (____) _____
Cell Phone Fax

Social Security Number (if applicable) Number of Dependents

Date of Birth (MM/DD/YYYY) Marital Status

Mother's Maiden Name

Primary E-mail Address (for delivery of statements and confirmations, if elected)

Secondary E-mail Address

Investment Experience

How many years experience do you have investing in the following areas?

	None	Less than 1 year	1-5 yrs.	6-10 yrs.	10+ yrs.
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hedge Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	Less than 1 year	1-5 yrs.	6-10 yrs.	10+ yrs.
Short Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commodities/ Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Profile

Investment Objectives*:

- 1 Speculation
- 2 Capital Appreciation

Time Horizon:**

___ Short-Term (less than 5 years)

Risk Tolerance:**

___ Speculative

*For Active Trader accounts, "Speculation" must be the number 1 Investment Objective (most important) and "Capital Appreciation" the number 2 objective on your account. Please review Vision's Description of Investment Objectives (found at the end of this form) for important information regarding investment objectives.

**For Active Trader accounts, the Time Horizon must be "Short-Term" and the Risk Tolerance must be "Speculative."

Name of companies where you have had securities accounts in the last 5 years:

Primary Account Holder

Check all applicable boxes and provide an explanation in the space provided if you or if an immediate family member (spouse, brother, sister, parent, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law), or other person who supports you to a material extent, or an additional account holder, is a person described below.

- A member of any Securities, Options or Commodities Exchange.*
- An employee of a broker/dealer or other member of the Financial Industry Regulatory Authority (FINRA).*
- A senior officer of a bank, savings and loan institution, insurance company, investment company, or investment advisory firm, or other financial institution.*
- A person in the securities department of any of the entities listed above, or a person in a position to influence, or whose activities directly or indirectly involve, or are related to the function of buying or selling securities for any such entities.*
- A person who has contributed to the equity or capital of a broker/dealer, directly or indirectly, in an amount that exceeds 10% of the broker/dealer's equity or capital.*

*If yes to any of the above, please explain: _____

Education: High School Undergraduate Graduate

Field of Study _____

Degrees Obtained _____

Have you ever been the subject of a bankruptcy proceeding, receivership, or similar action? Yes* No

Have you ever been in a legal dispute, arbitration, or reparations action related to a securities or commodity account? Yes* No

Have you ever closed an account with an unpaid balance at a securities or commodity firm? Yes* No

*If yes to any of the above, please explain: _____

Additional Authorized Trader

Attach additional sheet if necessary.

Authorize this person to trade on this account:

Name _____

- Limited Trading Authority*
- Full Trading Authority*
- Power of Attorney**: Full Authority, or Limited Authority

* You must provide the Trade Authorization form (available on Vision's Web Site).

**Please provide a copy of the executed Power of Attorney.

Dividend/Distribution Payment Instructions

All dividends, interest and distributions will be retained in your Account at Vision unless you direct otherwise by selecting one of the options below:

- Hold all dividends, interest and distributions in cash (Vision's default option)
- Pay all distributions upon receipt by Electronic Funds Transfer (ACH)*

To receive distributions via Electronic Funds Transfer, which is the fastest way to receive payment, please provide the information requested below and attach a voided check:

Bank ABA Number: _ _ _ _ _

Bank Account Number: _____

Bank Name: _____

Bank Account Type: Savings Checking

*If you would prefer a physical check mailed to you in place of an electronic funds transfer, please contact Vision's Client Services team. Checks can be issued weekly or monthly.

Internal Revenue Service Certification

Under penalty of perjury, you certify **(1)** that your Social Security or taxpayer ID number shown on this form is your correct number, and **(2)** that you are not subject to backup withholding because **(a)** you are exempt from backup withholding, or **(b)** you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report interest or dividends, or **(c)** you have been notified by the IRS that you are no longer subject to backup withholding [Note: cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax returns], and **(3)** you are a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

You are not a U.S. person and have attached Form W-8BEN to this application. Such form can be obtained at www.irs.gov. You need to include a copy of your passport or government-issued ID.

Description of Investment Objectives

Preservation of Capital: An investment objective of Preservation of Capital indicates you seek to maintain the principal value of your investments and are interested in investments that have historically demonstrated a very low degree of risk of loss of principal value.

Income: An investment objective of Income indicates you seek to generate income from investments and are interested in investments that have historically demonstrated a low degree of risk of loss of principal value.

Capital Appreciation: An investment objective of Capital Appreciation indicates you seek to grow the principal value of your investments over time and are willing to invest in securities that have historically demonstrated a moderate to above average degree of risk of loss of principal value to pursue this objective.

Speculation: An investment objective of Speculation indicates you seek a significant increase in the principal value of your investments and are willing to accept a corresponding greater degree of risk by investing in securities that have historically demonstrated a high degree of risk of loss of principal value to pursue this objective. You may seek to take advantage of short-term trading opportunities, which may involve establishing and liquidating positions quickly.

For Broker/Dealer Use Only

- Back office processing completed
- CRM processing completed

