



Active Trader
Securities Account Application
Individual and Joint Accounts

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• Vision Securities Account Application

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To Apply for an Account

- Please complete the 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

Account Information - General Information

Account Setup

You must indicate an account type (either individual or joint). Types of ownership are governed by the laws of your state of residence. If you need information about which are appropriate in your state, please consult your state tax officials or your tax advisor.

Account Types

Individual

Joint:

- Tenants with Right of Survivorship
- Tenants in Common
- Tenants by the Entirety
- Community Property

Other*:

* Retirement accounts are not eligible for an Active Trader account.

If your account will be a Deliver vs. Payment or a Receive vs. Payment account, please check this box:

Additional Account Feature (Options)

If you are interested in trading options in your Account, please check the box below. Please note that in order to be approved for options trading, you must complete and sign Vision's separate Options Supplement.

Options Trading: Yes

Account Name: _____

Provide personal information on the primary individual associated with this account (such as the primary owner or authorized individual) and information for each additional account holder (such as a joint holder or authorized individual). Attach additional sheets if necessary.

**Name and Address
For Primary Account Holder**

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

**Name and Address
For Additional Account Holder**

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

Personal Information for Primary Account Holder

(____) _____ Business Telephone	(____) _____ Home Telephone	_____ Mother's Maiden Name
(____) _____ Cell Phone	(____) _____ Fax	_____ Primary E-mail Address (for delivery of statements and confirmations, if elected)
_____ Social Security Number (if applicable)	_____ Number of Dependents	_____ Secondary E-mail Address
_____ Date of Birth (MM/DD/YYYY)	_____ Marital Status	

Duplicate Information (optional)

To Additional Account Holder (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 account holder 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
---------------	-------------------------

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): _____ |

¹An 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 a joint owner or authorized individual). Attach additional sheets if necessary.

Personal Information for Additional Account Holder

(____) _____ 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

Employment Information and Affiliations for Additional Account Holder

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): _____ |

¹An 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 (Additional Account Holder)

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.

Suitability

Financial Information

(For joint accounts please provide combined information)

Annual Income from All Sources in U.S. Dollars:

- Below \$25,000
- \$25,000 - \$74,999
- \$75,000 - \$199,999
- \$200,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000+

Total Net Worth of All Assets in U.S. Dollars: Total assets minus total liabilities:

- Below \$50,000
- \$50,000 - \$149,999
- \$150,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 - \$4,999,999
- \$5,000,000+

Liquid Net Worth in U.S. Dollars: Exclude the value of your real estate and other illiquid assets:

- Below \$50,000
- \$50,000 - \$149,999
- \$150,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 - \$4,999,999
- \$5,000,000+

Are you an "Accredited Investor?" Yes No

An Accredited Investor is a person whose individual net worth, or joint net worth with a spouse, is over \$1 million (excluding the value of your primary residence) or who had an individual income in excess of \$200,000 in each of the two most recent years, or joint income with a spouse in excess of \$300,000 in each of those years and reasonably expects to reach the same income level in the current year.

Are you a "Qualified Client?" Yes No

A Qualified Client is a person who has at least \$1,000,000 under management with an SEC registered investment advisor or individual net worth in excess of \$2,000,000.

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."

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

