



DVP/RVP Supplement

Please complete this supplement if you are requesting to establish your account with Vision as either a Delivery vs. Payment ("DVP") or Receive vs. Payment ("RVP") account.

Account Name: _____

Address _____ City _____ State _____ Zip _____

DVP/RVP Instructions

Institution Name: _____

Contact Name: _____ Contact Telephone Number _____

Tax Identification Number _____ Agent Number _____

Institutional Identification Number _____ Internal Account Number _____

DTC Number _____ Interested Party _____

Additional Interested Party _____

Duplicate Confirmations

Yes No

If yes, please direct Vision to send either paper confirmations (\$2.00 fee for each paper confirmation) or electronic confirmations (no fee):

Paper Confirmations

Name

Address _____ City _____ State _____ Zip _____

Electronic Confirmations

Name _____ E-mail Address _____

If duplicate confirmations are to be sent to more than one person/entity, then please provide the information requested above for each additional person/entity.



Regulation SHO

Client hereby attests to having the responsibility for insuring an appropriate locate will be done on securities before the time a short sale order is entered pursuant to SEC Rule 240.10a-1 and NASD Rule 3370. Client attests that they will always affirm by contacting Vision, that the locate has been done for the number of shares related to the entry of a short sale order and that the locate will be confirmed PRIOR to the entry of any short sale order.

Important Notice

The DVP/RVP method of settling transactions on behalf of a client is a privilege, not a right. Your broker(s) should be alert to any deviation from normal business practices. Deliveries and receipts of securities should take place on settlement date and anything contrary to regulatory guidelines by the client, his/her agent, or the broker would create serious doubt as to the bona fide nature of the account and expose the broker to regulatory action and/or economic loss.

Please Sign and Date Below

X

Signature of Authorized Individual

Date

Print Name of Authorized Individual

BROKER/DEALER USE ONLY

Vision Account Number: _____ - ____