



Full Trading Authorization

I hereby authorize _____ (“Authorized Agent”), whose signature appears below, as my agent to buy, sell (including “short” sales) and trade in all securities of any kind, including without limitation, stocks, bonds, securities futures, puts, calls or contracts relating to the same, commodities, commodity futures contracts and options thereon (including foreign futures contracts), forward contracts, foreign exchange contracts and instruments derivative thereof, in cash and/or on margin or otherwise (collectively, “securities”), and in connection therewith to buy, sell, invest and reinvest my funds in securities in accordance with the terms and conditions of my account (“Account”) with Vision Financial Markets LLC (“Vision,” “you” or “your”) and at my risk and in my name and stead on your books.

I hereby agree to indemnify, defend and hold harmless Vision and its affiliates, and the respective officers, directors, managers, members, employees and agents (collectively, the “Indemnified Parties”) from and against any threatened or pending claims, proceedings and actions, and to pay the Indemnified Parties promptly on demand, any and all losses, expenses, costs, judgments, indebtedness and liabilities arising from any acts or omissions of my agent. I agree to pay promptly on demand any and all losses or debit balances due on the Account. My indemnities and obligations under this Authorization shall survive termination of this Authorization.

In all such purchases, sales or trades of securities, you are authorized to follow the instructions of my agent in every respect concerning my Account; and my agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales or trades and with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades. Further, you are authorized to make delivery of securities and payment of monies out of my Account to my agent or as he/she may order and direct.

I hereby ratify and affirm any and all transactions with you heretofore or hereafter made by my agent on behalf of or for my Account. Any transactions by my agent shall be binding on me, my heirs, successors and assigns.

This Authorization is in addition to (and in no way limits or restricts) any rights which you may have under any customer agreement or other agreements between Vision and me. I hereby represent and warrant that: (a) there are no other documents that conflict with this Authorization and (b) this Authorization is valid and enforceable in accordance with all applicable federal, state and local laws, rules and regulations.

My agent, may on my behalf, receive any documents and communications for the Account including, but not limited to, demands, notices, confirmations, reports and statements of the Account. Additionally, my agent may make, modify or terminate any agreements or provision thereof related to the Account. The Customer Agreement set forth in my Securities Account Application (including the arbitration provision located in Customer Agreement) shall apply equally to my agent.

This Authorization is a continuing one and shall remain in full force and effect until revoked by me by a written notice addressed to and actually received by you at your office at 4 High Ridge Park, Suite 100, Stamford, CT 06905, but such revocation shall not affect any liability or obligation in any way resulting from transactions initiated or actions taken prior to your receipt of such notice of revocation. This Authorization and indemnity shall inure to the benefit of Vision and its successors and assigns, irrespective of any changes at any time in the ownership or personnel thereof for any cause whatsoever.

Please Sign and Date Below		
X _____ Account Holder Signature	_____ Print Account Holder Name	_____ Date
X _____ Additional Account Holder Signature	_____ Print Additional Account Holder Name	_____ Date
The Authorized Agent agrees to abide by and be subject to the terms of this Authorization.		
X _____ Signature of Authorized Agent	_____ Print Name of Authorized Agent	_____ Date

For Broker/Dealer Use Only		
Principal Approval:		
X _____ Signature of General Securities Principal	_____ Print Name of General Securities Principal	_____ Date

AGENT MUST COMPLETE AND SIGN PAGE 2



AUTHORIZED AGENT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person authorized to trade on an account.

What this means to you: When you are authorized to trade on an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

The Agent agrees to immediately notify Vision in writing if the Agent, or members of their household, are either (a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using a license in a professional sales, trading or customer service capacity, or (b) a director, 10% shareholder or policy making officer of a company which trades publicly on a stock exchange.

Authorized Agent Information

Print Name

Social Security Number

Street Address

City, State, Zip Code

Business Telephone

Home Telephone

Cell Phone

Date of Birth

Check here if you, any member of your immediate family, or personal or business associate is a current or former senior political figure of a foreign government or political party, or a senior executive of a foreign government-owned commercial enterprise. Specify the name of the political figure or executive, political title, political party, foreign government or commercial enterprise, and relationship to account owner.

Check here if you are a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the company name, address, city and state/province.

Check here if you are licensed or employed by a registered broker/dealer. We must receive a compliance letter along with this application.

Please specify if you are: Self Employed Unemployed Retired Homemaker Student

Employer Name (If self-employed, provide the name of your business and type of business.)

Occupation

Type of Business

Source of Income (If retired or unemployed)

Employer Street Address

City, State, Zip Code, Country

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

Your Country of Citizenship

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

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.

Please Sign and Date Below

X
Signature of Authorized Agent

Date