



Instructions:

- Please include a separate deposit slip for each check or wire.
- This form should be used for deposits only. Do not include any investment instructions on the deposit slip.
- Make checks payable to **Equity Trust Company, Custodian FBO [Account Holder's Name]**.
- Please include your Vision account number on the check.
- If funds are being wired, please fax this deposit slip to 888.390.5291 to the attention of "Client Services" prior to the wire transfer.
- Mail each check and the deposit slip to:

Vision Financial Markets LLC
120 Long Ridge Road, 3 North
Stamford, Connecticut 06902

Please complete all of the applicable information on the deposit slip and submit it along with the check (or fax it in advance of a wire).

<p>_____</p> <p>Date</p> <p>_____</p> <p>Account Holder Name</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City, State, Zip Code</p>	 <input type="checkbox"/> Check enclosed <input type="checkbox"/> Wire transfer						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Deposit Amount</th> <th style="width: 30%;">Check Number</th> <th style="width: 30%;">Wire Transfer Date</th> </tr> </thead> <tbody> <tr> <td style="height: 30px; vertical-align: top;">\$</td> <td></td> <td></td> </tr> </tbody> </table> <p>Deposit Type:</p> <p><input type="checkbox"/> Contribution for Tax Year: _____ <input type="checkbox"/> Rollover <input type="checkbox"/> SEP Contribution <input type="checkbox"/> Other: _____</p> <p><i>(SEP Contributions and rollovers are reported in the year received)</i></p>		Deposit Amount	Check Number	Wire Transfer Date	\$		
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Wire Instructions:

CITIBANK
 (San Francisco, California)

ABA: 321171184
 FCT: EQUITY TRUST COMPANY
 A/C: 205575210
 FFCT: Client Name
 A/C: IRA A/C # _____