



Securities Account Transfer Form

Transferring Firm

Name of Transferring Firm _____

Address _____

Telephone Number (____) _____

Customer Account Title _____

Customer Account Number _____

Customer Social Security or Tax ID Number _____

Account Type Being Transferred (Check One):

Individual Corporate / Business

Joint UGMA / UTMA

Trust Estate

Other: _____

Receiving Firm

Vision Financial Markets LLC
 120 Long Ridge Road, 3 North
 Stamford, CT 06902
 877.836.3949
DTC# 0595

Customer Account Title _____

Customer Account Number _____

Account Type Being Received (Check One):

Individual Corporate / Business

Joint UGMA / UTMA

Trust Estate

Other: _____

Transfer Instructions

Select and complete either section A or B below. If you do not instruct otherwise, we will transfer in kind all eligible positions in the account.

A. Brokerage, Trust Company or Transfer Agent

Brokerage account transfers are in kind; liquidate assets at current firm prior to submitting this form if you wish to have assets transferred in cash.

Transfer all my assets (money markets may be liquidated)

Transfer only part of my account, as detailed below:

_____	_____
Security Symbol or Name	Number of Shares
_____	_____
Security Symbol or Name	Number of Shares
_____	_____
Security Symbol or Name	Number of Shares
_____	_____
Security Symbol or Name	Number of Shares

B. Mutual Fund Company Transfer

Name of Fund and Account Number (if separate)

Symbol Number of Shares

In Kind Liquidate

Name of Fund and Account Number (if separate)

Symbol Number of Shares

In Kind Liquidate

Name of Fund and Account Number (if separate)

Symbol Number of Shares

In Kind Liquidate

Please include a copy of your last account statement from the transferring firm.

[Continue on a separate sheet with corresponding details if needed]



Please transfer my entire securities account (or only part of my securities account, as detailed above) to Vision Financial Markets LLC ("Vision"), which has been authorized by me to make payment to you of the debit balance or to receive payment of the credit balance in my securities account. Please coordinate with Vision so that my request can be expedited as required by NASD Rule 11870 and CBOE 2320 Rule 9.20. I understand that to the extent any assets in my securities account are not readily transferable, with or without penalties, such assets may not be transferable within the time frames required by FINRA or other designated examining authority.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to Vision. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. If certificates or other instruments in my securities account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable Vision to transfer them in its name for the purpose of sale, when and as directed by me. I further instruct you to cancel all open orders for my securities account on your books.

I understand that I may be responsible for liquidation, termination, surrender and penalty fees when I transfer my assets. I will check with the firm currently holding my assets for information regarding these fees.

Please Sign and Date Below

Print Your Name

X

Your Signature

Print Name of Additional Account Holder

X

Additional Account Holder Signature

Date

Date

Medallion

Signature Guarantee

Medallion

Signature Guarantee

Please provide name and signature of any additional individual associated with this account (such as a joint owner, authorized individual, minor, administrator, trustee, partner or participant).

Registration Differences

If you are transferring an account that does not exactly match your Vision account (for example, transferring a joint account to an individual account), all delivering Account owners/trustees/general partners on the delivering account must complete this section and sign below. Please consult your legal and/or tax advisor regarding your personal situation. Additional documentation may be required to effect a transfer of assets between unlike registrations.

I (We) are transferring from (name of firm) _____, registered as (name(s) on account) _____ and hereby authorize the transfer of this account to Vision Financial Markets, registered as (name(s) on account) _____.

Please Sign and Date Below

Print Your Name

X

Your Signature

Print Name of Additional Account Holder

X

Additional Account Holder Signature

Date

Date

Medallion

Signature Guarantee

Medallion

Signature Guarantee

Please provide name and signature of any additional individual associated with this account (such as a joint owner, authorized individual, minor, administrator, trustee, partner or participant).