



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 _____

Please complete the Beneficial Owner Form for all individuals or entities that own 10% or more of the entity opening the account.

List any other DVP/RVP accounts opened by the entity at other financial institutions.

Account Number _____

Financial Institution Name _____

Account Number _____

Financial Institution Name _____

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 Correspondent or their clearing broker, Vision Financial Markets LLC, 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.

Securities Due Diligence

Client hereby attests to the following:

Any securities transacted through this account are registered under the Securities Act of 1933 ("the Act") or qualify for one of the exemptions from registration provided under the Act. Client is not a control person of the issuer or an underwriter with respect to the securities. The transaction is not part of a distribution of securities of the issuer. Client will not transact in microcap securities.

Entity Status Certification

Is this account for a foreign entity? Yes No

If yes, please complete the separate Foreign Entity Declaration Regarding Correspondent Account Form and list U.S. agent for service of process: _____

Is this account for a foreign bank? Yes No

If yes, please complete the separate Certification Regarding Correspondent Account for Foreign Banks Form.

Is this account for a foreign shell bank or does this entity offer services to a foreign shell bank? Yes No

If yes, Vision will not open the account.

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

X _____
Signature of Correspondent Principal

Date

Print Name of Correspondent Principal

Vision Account Number



Beneficial Owner Form

For Use If Customer is an Entity

Account Name

Tax ID

Account Address

Please provide the information below for each individual who owns, directly or indirectly, 10% or more of the equity interests of the legal entity customer. Attach additional sheets if necessary.

Name and Title of Natural Person Opening the Account on Behalf of the Legal Entity Customer:

1. _____
Name

_____ Address _____ Date of Birth (mm/dd/yyyy)

_____ Country of Citizenship _____ Percentage Ownership _____ Social Security Number (For Foreign Persons: Passport Number and Country of Issuance)

2. _____
Name

_____ Address _____ Date of Birth (mm/dd/yyyy)

_____ Country of Citizenship _____ Percentage Ownership _____ Social Security Number (For Foreign Persons: Passport Number and Country of Issuance)

3. _____
Name

_____ Address _____ Date of Birth (mm/dd/yyyy)

_____ Country of Citizenship _____ Percentage Ownership _____ Social Security Number (For Foreign Persons: Passport Number and Country of Issuance)

If a beneficial owner of the customer (entity) is one or more entities, please fill in the information below. Complete additional copies of this form, if necessary, until you have reached the individual (personal) owners of all entities along with their percentage ownership at each level.

1. _____
Full Legal Name of Entity _____ Business Purpose

_____ Full Legal Business Address

_____ Percentage Ownership _____ Taxpayer ID Number (U.S. or foreign)

2. _____
 Full Legal Name of Entity Business Purpose

Full Legal Business Address

Percentage Ownership Taxpayer ID Number (U.S. or foreign)

3. _____
 Full Legal Name of Entity Business Purpose

Full Legal Business Address

Percentage Ownership Taxpayer ID Number (U.S. or foreign)

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

The individual listed here may also be listed as a beneficial owner above, but this section must still be completed.

Name Date of Birth (mm/dd/yyyy)

Address Country of Citizenship

Social Security Number (For Foreign Persons: Passport Number and Country of Issuance)

Please Sign Below:

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

X _____

Signature Print Name Date