

ACCOUNT TRANSFER FORM (ACAT)

TRANSFERRING FIRM

Name of transferring firm
Address
Telephone number
Customer account title
Customer account number
Customer social security or tax id number
<p>Account type being transferred (check one)</p> <p> <input type="checkbox"/> Individual <input type="checkbox"/> Corporate/business <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Other: _____ </p>

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
<p>Account type being transferred (check one)</p> <p> <input type="checkbox"/> Individual <input type="checkbox"/> Corporate/business <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> Other: _____ </p>

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.	
<input type="checkbox"/> Transfer all my assets (money markets may be liquidated) <input type="checkbox"/> 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 Names	Number of Shares
Security Symbol or Names	Number of Shares
Security Symbol or Names	Number of Shares
Please include a copy of your last account statement from the transferring firm.	

B. Mutual Fund Company Transfer

Name of Found and Account Number (if separate)	
Symbol	Number of Share
<input type="checkbox"/> In Kind	<input type="checkbox"/> Liquidate
Name of Found and Account Number (if separate)	
Symbol	Number of Shares
<input type="checkbox"/> In Kind	<input type="checkbox"/> Liquidate
Name of Found and Account Number (if separate)	
Symbol	Number of Shares
<input type="checkbox"/> In Kind	<input type="checkbox"/> Liquidate

Continue on a separate sheet with corresponding details if needed

ACCOUNT TRANSFER FORM (ACAT)

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 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. I confirm that all assets in my securities account being transferred were purchased in the open market and not the result of a physical certificate deposit or DWAC/DRS transfer.

PLEASE SIGN AND DATE BELOW

Print Your Name <hr/> Your Signature <hr/> X Date <hr/>

**MEDALLION
SIGNATURE GUARANTEE**

Print Name of Additional Account Holder <hr/> Additional Account Holder Signature <hr/> X Date <hr/>
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**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 <hr/> Your Signature <hr/> X Date <hr/>

**MEDALLION
SIGNATURE GUARANTEE**

Print Name of Additional Account Holder <hr/> Additional Account Holder Signature <hr/> X Date <hr/>
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**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).