



Power of Attorney - Affidavit and Indemnification

Use this form to certify the validity of a Power of Attorney. The Attorney-in-Fact (Agent) must complete all sections and a notarized signature is required.

If the Power of Attorney is to be utilized on more than one account, please submit a separate affidavit for each account. If the Power of Attorney document names multiple attorneys-in-fact, each must execute a separate copy of this form. If you have any questions, please contact your Broker/Dealer.

Information	
_____ Name of Individual Designated as Attorney-in-Fact	_____ Over the account of (Name of Account Owner)
If a trust account: Name of the Trustee for whom the Attorney-in-Fact is appointed	
Attorney-in-Fact's Information	
_____ Social Security Number or Taxpayer ID Number	_____ Date of Birth
_____ U.S. Driver's License Number	_____ State of Issuance
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____ Indicate Countries	
Legal Address - (Required Information - No P.O. Boxes)	
_____ (Street Address, City, State, Zip)	
_____ Province (if applicable)	_____ Country
Mailing Address - (If different than Legal Address)	
_____ (Street Address, City, State, Zip)	
_____ Province (if applicable)	_____ Country
_____ Home Phone	_____ Work Phone (include Ext., if applicable)
Foreign Citizens Only - Immigration Status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non - Permanent Resident <input type="checkbox"/> Non - Resident	
Place of Birth	
_____ (City, State/Province, Country)	



Information - continued

Government ID - (Identification document must carry document number and photograph.) Please attach copy.

- U.S. Driver's License
- INS Permanent Resident Alien Card
- Passport - U.S.
- Passport - Foreign
- Foreign National Identity Document

Document Number

Country of Issuance

Bank Information

Bank Name

Account Number

Phone Number

Bank Address (Street, City, State, Zip)

Employment Status Employed Not Employed Retired

Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address (Street, City, State, Zip)

Province (if applicable)

Country

Affidavit and Indemnification

To: My Introducing Broker/Dealer and Vision Financial Markets LLC ("Vision" or "You"):

I, the above-named Attorney-in-Fact, being duly sworn, do hereby declare under penalties of perjury that the Power of Attorney is in full force and effect and to the best of my knowledge, I affirm that:

1. I am the Attorney-in-Fact named in the Power of Attorney executed on _____ (date) by _____ ("Principal"); and
2. The Principal is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
3. A petition to determine the incapacity or to appoint a guardian for the Principal is not pending or a successor trustee has not been appointed; and
4. In the event that more than one Attorney-in-Fact is named in the Power of Attorney, I certify that I am authorized to act individually and that You may take instruction from me acting independent of all other attorneys-in-fact, including delivery of assets to me personally; and
5. I agree not to exercise any powers granted to me by the Power of Attorney if I know or have reason to know that it has been revoked, partially or completely terminated, suspended or is no longer valid due to any reason whatsoever, including, without limitation, death or adjudication of incapacity of the Principal; and
6. I understand that in the event of conflicting instructions given by attorneys-in-fact or any account owner/trustee and an Attorney-in-Fact, You may restrict the Account until joint written instructions are received to your satisfaction; and
7. I understand that You may, in your discretion, restrict my ability to take distributions or withdrawals from the Account after presentation of the Power of Attorney document; and
8. I agree not to give, transmit, convey or issue any instructions concerning the Account that I know, or believe, are in non-compliance with or in violation of the Power of Attorney; and



Affidavit and Indemnification - continued

9. For the purpose of inducing You to act upon my instructions, I agree to fully indemnify, defend and hold You harmless from and against any and all losses, liabilities, expenses, causes of action, claims and costs (including attorneys' fees) resulting (directly or indirectly) from transactions made in accordance with my instructions or my failure to provide instructions as the Principal's Attorney-in-Fact; and
10. You may rely on the Power of Attorney being in full force and effect until such time as written notification of termination or significant alteration is received at Your offices; and
11. The principal executed the Power of Attorney while competent to do so and was not acting under duress or undue influence; and
12. I understand that You do not review my trading decisions or manage, supervise, or monitor trading in the Account.

I also agree that any information given on this Power of Attorney Affidavit and Indemnification is subject to verification and I hereby authorize You to obtain a credit or other financial responsibility report about me at any time. Upon my written request, You will provide the name and address of the credit reporting agency used. I agree to be bound by all the terms and conditions set forth in the Customer Agreement, including, without limitation, the pre-dispute arbitration agreement, which governs the Account. This document shall be governed by the laws of the State of New York.

I acknowledge that any alteration of this document's original terms shall be null and void and I shall be bound by the terms of the original document as set forth by You. I understand and acknowledge that You may terminate any and all agreements between us in the event that You or any of your agents and affiliates have reasonable ground to believe that the foregoing is untrue, or that this document has been altered.

Signed under penalties of perjury.

X

Signature of Attorney-in-Fact

Date

Notarization

State of _____ County of _____

Subscribed and sworn to before me by the above-named Attorney-in-Fact, who is personally known to me or who has produced _____ (Type of identification) as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on _____ (Date).

Notary Public

Seal

My Commission Expires

FOR CORRESPONDENT USE ONLY

I (Name) _____ Supervisory Principal for (Broker/Dealer) _____, have reviewed the foregoing and hereby attest to its accuracy and compliance with the Power of Attorney document. I certify to Vision that the Power of Attorney has been properly executed, is valid under applicable federal and state laws and that all instructions to Vision will comply with the terms of the Power of Attorney and any other applicable documents.

X

Signature

Date