



DTC Request Form

Instructions: Use this form to deliver DTC eligible securities only from a Vision non-retirement account to a client account at another firm or financial institution. Note: Partial shares and mutual funds are not DTC eligible.

Please send the completed form to clientservices@visionfinancialmarkets.com

Account Number _____ Social Security / Tax ID Number _____

Account Registration _____

Type of Delivery: Gift Common Owner Death Distribution (Tax lot selection not available)

❖ Cost Basis Information

Use the optional (*) Tax Lot Trade Date and Tax Lot Price fields to select specific lots. If these fields are NOT specified, Vision will deliver the securities using the default first in, first out (FIFO) method.

I hereby authorize Vision to act on my behalf in accordance with the following delivery instructions. Please deliver the following security(ies):

Symbol / Cusip	Security Description	Share Quantity	Tax Lot Trade Date*	Tax Lot Price*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

❖ Receiving Broker / Dealer Information

DTC Number (4 Digits) _____ Account Number _____ Account Title _____

Receiving Institution Phone Number and Contact Information (additional information may be required) _____

Relationship to Owner (Request is subject to Vision's AML / fraud prevention policies) _____

Please Sign Below:

I hereby confirm that I authorize the delivery thereto.

X

Client Signature _____

Print Client Name _____

Date _____

Approved By:

X

Registered Principal Signature _____

Print Registered Principal Name _____

Date _____

X

Margin Officer Signature _____

Print Margin Officer Name _____

Date _____