



## 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 Vision 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 Vision Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Vision 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