

ACH Contribution Election Instructions

[For clients that wish to make their Annual IRA Contribution via ACH Transfer]

Account Holder Information

Account Name _____ Vision Account Number _____

Address (Street Address, City, State, Zip) _____

Social Security Number _____ Date of Birth _____

Our convenient ACH Service allows you to make your annual contribution electronically between your bank or credit union account and your IRA on a monthly or quarterly basis.

I hereby authorize Equity Institutional, a division of Equity Trust Company to initiate debit entries on the day specified below from my account at the bank or credit union named below, hereinafter called depository, to debit the same to such account. I understand that I am responsible for maintaining a sufficient cash balance in my depository account in order for the ACH transfer to be made.

(Please contact the depository in order to verify the proper information that should be used to debit your account.)

Name(s) as it appears on Account _____ Name of Depository _____

Depository Phone Number _____ Depository Account Number _____

ABA/Routing Number:

Type of Account:

- Checking /Money Market/NOW Non-passbook Savings

\$

Amount of Monthly or Quarterly Contribution
(Minimum of \$50 required per monthly ACH Transfers)

The contribution is for my: (choose only one) Traditional IRA Roth IRA SEP IRA at Vision Financial Markets

- Contributions will be coded for the calendar year they are received.
- Withdrawals will continue to be drawn from your depository account until written instructions are received by Equity Institutional from you to cease withdrawals.
- In order to take advantage of this service, your depository must be a member of the Automated Clearing House. In addition, you must be named on the account at the depository where the funds will be withdrawn.

Please consult with your tax advisor or financial planner for the amount you are eligible to contribute to the type of account you have.

Date of Withdrawal (Please specify 1st through 28th - If no date is selected withdrawals will be made on the 15th.)

Please Sign and Date Below

Sweeping of Funds Deposited: Equity Trust Company will sweep all funds it receives into my brokerage account at Vision which, in turn, will invest these funds in a money market mutual fund. Please refer to the fund's prospectus for complete information including all charges and expenses. I understand that once the funds are received by Vision, I may begin placing trades (if desired) in my account. For further information, please contact Vision's Client Services Team at 1.877.836.3949.

This authorization is to remain in full force until Equity Institutional has received written notification from me of its termination in such time and in such manner as to afford Equity Institutional and the above named depository a reasonable opportunity to act on it. I understand that any future changes to my ACH bank draft instructions including but not limited to amount changes, a change in depository or depository account number must be made in writing on this form and received by Equity Institutional. In addition, I agree to allow seven (7) business days for such changes to be processed by Equity Institutional. Should I neglect to inform Equity Institutional of any changes, I agree to hold harmless Equity Trust Company and any of its affiliates for any losses that I might incur.

I further understand that Equity Institutional will not charge a fee for this service, but that the depository may charge me. Should my account at the depository have insufficient funds on the date of the debit, I understand that Equity Institutional will charge me a \$25 insufficient funds fee. I further understand that if my ac-

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Signature of Account Holder (Required) _____

count has insufficient funds on three separate withdrawal attempts during the year, Equity Institutional will automatically cancel these instructions without written or verbal warning. If for any reason my ACH contribution is recalled and an investment purchase had been made with the funds, I understand that Equity Institutional will redeem the funds necessary from assets held within my IRA to cover Equity Institutional's losses without my prior authorization. I agree to hold harmless Vision, Equity Institutional and any of their affiliates for any losses that I might incur should my account at my depository have insufficient funds or if the depository or I in anyway delay, recall, or make an error in Equity Institutional's request to debit my account.

I understand that Equity Institutional reserves the right to hold my funds seven (7) business days prior to sweeping them to Vision to ensure that there were no problems with the ACH transaction. I further understand that Equity Institutional is not responsible to monitor the amounts I have contributed to avoid a possible over-contribution. I agree to be solely responsible that the correct amounts are contributed to my Traditional IRA, Roth IRA, or SEP IRA account as noted above.

I represent and warrant that the above information is true. I also understand that Equity Trust Company or any of its agents, successors, or affiliates may not process this request in the event it has reasonable grounds to believe the foregoing is untrue.

Date (Required) _____