



Transfer on Death (TOD) and Beneficiary Designation

Please complete, sign in the presence of a notary and retain a copy for your records.

Please note: This transfer may not be valid in all states and this document may not constitute a legal transfer of your assets upon your death. Please consult with your independent tax or accounting professional to confirm the legality of this transfer as well as to discuss any legal or tax consequences.

| | |
|--------------------------------------|--|
| _____ Primary Account Holder Name | _____ Additional Account Holder Name (if applicable) |
| _____ Social Security Number | _____ Social Security Number of Additional Account Holder |
| _____ Date of Birth (MM/DD/YYYY) | _____ Date of Birth (MM/DD/YYYY) of Additional Account Holder |
| _____ Vision Account Number | |

To Vision Financial Markets LLC (“Vision” or “you”):

I (We) wish to create a transfer on death (TOD) registration for the account listed above (the “Account”). I (We) hereby designate the person(s) identified below as Beneficiary(ies) to receive all monies, securities and other assets held in the Account upon my death, or the death of the last surviving Account owner if the Account is owned by more than one person. I (We) may change the designation of the beneficiary(ies) only by completing a new Transfer on Death Beneficiary Designation form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document. You may rely on the latest Beneficiary Designation form in your possession and no change in beneficiary shall be effective until actually received and accepted by you.

I (We) understand that because of the complex legal and tax issues involved, you will not advise whether this TOD account designation is appropriate for tax or estate planning. I (We) acknowledge that the ability to register a securities account in TOD form is created by state law and not all states have enacted such laws, and where enacted not all such laws are the same. I (We) understand that I (we) should consult my (our) own legal and tax advisers before electing or revoking this Transfer on Death and Beneficiary Designation as I (we) deem appropriate.

This TOD Designation is: An original TOD, or A change to an existing TOD Beneficiary Designation

Please consider this instrument my (our) express request and authorization to establish or change the Account as a Transfer on Death (TOD) account, which shall supersede all prior like authorizations. I (we) understand that upon presentation of a certified copy of my death certificate or death certificate of the last surviving Account owner (and any other documents required by Vision), all assets held in the Account will be passed directly on to the individual(s) named as beneficiary(ies) below, pursuant to the percentages listed by each name. Should any beneficiary predecease me (us), their share of the Account assets shall be transferred as follows:

Divided equally between the remaining beneficiary(ies), or Passed to the issues of the deceased beneficiary

I (We) hereby designate the person(s) named below as beneficiary(ies) to receive the assets remaining in the Account upon my death, or upon the death of the last surviving Account owner if the Account is owned by more than one person. Named beneficiaries may only be U.S. Citizens or non-U.S. Citizens that have obtained a tax identification number or a social security number.



Primary Beneficiary Information. The following individuals shall be my (our) Primary Beneficiary(ies):

Use additional forms if necessary. Please note: Primary Beneficiary percentage shares must equal 100%. Do not use fractional percentages or dollar amounts.

| Primary Beneficiary #1 | | |
|------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | _____ |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |

| Primary Beneficiary #2 | | |
|------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | _____ |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |

| Primary Beneficiary #3 | | |
|------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | _____ |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |

| Primary Beneficiary #4 | | |
|------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | _____ |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |



Contingent Beneficiary Information. If no Primary Beneficiary(ies) shown above survive me (us), the following individuals shall be my (our) Beneficiary(ies):

Use additional forms if necessary. Please note: Contingent Beneficiary percentage shares must equal 100%. Do not use fractional percentages or dollar amounts.

| Contingent Beneficiary #1 | | |
|---------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |

| Contingent Beneficiary #2 | | |
|---------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |

| Contingent Beneficiary #3 | | |
|---------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |

| Contingent Beneficiary #4 | | |
|---------------------------|------------------------|--------------|
| _____ | _____ | _____ |
| Name | Percentage Share | Relationship |
| _____ | _____ | |
| Street Address | Social Security Number | |
| _____ | (____) _____ - _____ | |
| City, State, Zip | Telephone | |



I (We) understand that upon my death or at the death of the last surviving Account owner if the Account is owned by more than one person, you may require my (our) beneficiary(ies) to provide you with certain documents as Vision may deem necessary prior to instructing Vision to move the assets from the Account into the Designated Beneficiary(ies) account(s).

I (We) understand and agree that you may register and hold the securities in the Account in Vision's name or other "street" or nominee name and that this will create no duty on Vision's part to determine registration or ownership of the Account as a whole before or after my (our) death.

In consideration for establishing this TOD registration and accepting the Beneficiary Designation, I (we) (including my (our) estate(s), heir(s), spouse(s), successor(s) in interest, and all beneficiary(ies) named herein) shall indemnify and hold harmless Vision (and its directors, officers, members, managers, control persons, affiliates, agents and employees) from and against all claims, actions, costs, losses, expenses and liabilities, including attorneys' fees, by any person or entity arising out of or relating to this Account TOD registration and transfers hereunder.

Miscellaneous Provisions

- Vision reserves the right to refuse to accept or renew this TOD and Beneficiary Designation form and may terminate it at any time in its sole discretion and for any reason.
- If any provision hereof is or at any time should become inconsistent with any present or future law, rule or regulation of any securities or commodities exchange or of any federal, state or local government or an agency or regulatory body thereof, and if any of these entities have jurisdiction over the subject matter of this TOD and Beneficiary Designation form, said provision shall be deemed to be superseded or modified to conform to such law, rule or regulation, but in all other respects this TOD and Beneficiary Designation form shall continue and remain in full force and effect.
- I (We) understand and agree that the provisions of this TOD and Beneficiary Designation form, including the indemnities stated herein, shall be binding upon my (our) estates, beneficiary(ies), heirs, executors, administrators, successors and assigns, shall inure to the benefit of Vision and its successors, assigns and affiliated companies, and shall survive the termination of this TOD and Beneficiary Designation form or the Account.

PLEASE SIGN AND DATE IN THE PRESENCE OF A NOTARY

X _____ Date _____
Signature of Account Holder
X _____ Date _____
Signature of Additional Account Holder (if applicable)
X _____ Date _____
Signature of Spouse (if required*)

*Note: Spouse's signature is required if the spouse is not an account holder or named as the sole primary beneficiary. By signing, spouse voluntarily and irrevocably consents to the beneficiary designation and to Vision paying all sums due upon death as designated above subject to the provisions of this Transfer on Death and Beneficiary Designation form.

Acknowledgement

State of: _____)
County of: _____) **SS.:**
On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is or are subscribed to the within instrument and acknowledged that he, she or they executed the same for the purpose therein contained.
(Notary Seal) X _____
Signature of Notary Public
Date Commission Expires _____