



Vision Brokerage Services, Vision Financial Markets and Vision Investment Advisors Annual Compliance and Continuing Education Questionnaire

Print Your Name

Home E-mail

Home Address

City

State

Zip

Home Phone

Cell Phone

Office Address

City

State

Zip

Office Phone

Fax

Are you currently engaged in **any other** business either as a proprietor, partner, officer, director, trustee, agent, employee, or other wise? Any business of any kind that is not related to Vision securities business must be included in detail in this section. This includes futures related business. (Please attach additional sheets as necessary.)

Name of Business

Is it investment related?

Address

City

State

Zip

Nature of Business

Your Position

Start Date

Hours spent per month

Hours spent during trading hours

Describe your duties and responsibilities:

Insurance License

Do you hold an insurance license?

Yes

No

If yes, do you do any insurance business?

Yes

No

What type of insurance?

Life

Health

Fixed Annuity

Variable Annuity

If yes, please explain in detail. For example: What products are you selling? How much volume? Please provide a list of clients and please also include the names of all of the insurance companies that you are registered to do business with. (Please attach additional sheets as necessary):

Registered Representatives Only

All of the above items are U-4 reportable. Have you made **any changes** to the above? Yes No

If yes, have you requested that your U-4 be updated? Yes No N/A

Are your outside business activities current on your U-4? Yes No N/A

Are your addresses, both home and business, current? Yes No

Do you have any other U-4 reportable events? (Ex. Arrests, complaints, bankruptcy etc.) Yes No
This includes **commodities** and any other securities or insurance related complaints.

If yes, please explain:

Do you hold any securities accounts? Yes No

Please list all firms where you hold accounts and the respective account numbers:

If yes, are duplicate statements being sent to Vision's Compliance Department? Yes No N/A

If not, please have them sent to: compliance@visionfinancialmarkets.com and attach copies of all statements, if Vision is not already getting copies.

Have you reported all **business** related charitable contributions to the Compliance Department? Yes No N/A

Have you made any **business** related charitable contributions over \$100 this year? Yes No N/A
If yes, to whom and how much?

Have you reported all political contributions to the Compliance Department? Yes No N/A

Have you made any political contributions of \$250 or more this year?

Yes No N/A

If yes, to whom and how much?

Have you reported all **business** related gifts to the Compliance Department?

Yes No N/A

Have you given any **business** related gifts of \$100 or more this year?

Yes No N/A

If yes, please provide details (to whom, when, how much, why, etc.):

Do you have any discretionary securities accounts?

Yes No

If yes, please provide account numbers:

Have you received any complaints? (This includes securities, commodities and insurance.) Yes No

Do you use any e-mail address other than Vision's for business purposes?

Yes No

If yes, please provide e-mail addresses:

(Note: Please be reminded that all Vision related correspondence must be sent via Vision's e-mail system.)

Continuing Education

What products do you sell and what percentage of your business is each product? (Example: 20% equities, 20% VIA, 20% futures, 20% options, 20% mutual funds)

What products would you like to learn more about?

What areas would you like additional training in?

Are there any issues, product related or regulation related, that you would like to have more information on?

If you are a Registered Representative, what did you think of this year's continuing education courses?

Would you like to have them used again? Yes No

How do you prefer to receive continuing education? Online Courses Meetings Print Material
 Other, please explain: _____

Please Only Check the Boxes that Apply to You

I have read the VBS Compliance Manual and I have a copy in my office:
(Mandatory for Registered Representatives of Vision Brokerage Services) Yes No

I have read the VIA Compliance Manual and I have a copy in my office :
(Mandatory for Supervised Persons of Vision Investment Advisors) Yes No

I have read the VFM Compliance Manual and I have a copy in my office: Yes No

I have a copy of the FINRA Manual in my office or have bookmarked it online:
(Mandatory for ALL Registered Representatives) Yes No

I have read and signed a copy of the Anti-Money Laundering Policy: Yes No

I have read and signed a copy of Vision's E-mail and Internet Policy: Yes No

I have read and signed a copy of Vision's Code of Ethics and Corporate Policy: Yes No

I have signed Vision's Securities Account Disclosure & Exception Request Form and there have been no changes: Yes No

I agree to abide by the policies and procedures in the above manuals: Yes No

Please attach copies of any and all business cards that you use.

I certify that I have read, have copies and agree to abide by the policies and procedures in all of the manuals and policies checked above. I further certify that I have answered all of the questions above fully and honestly. I agree to continue to abide by all of Vision's policies and procedures. I also agree to speak with my supervisor if any situation arises where I am not sure what the policy or procedure is or if I notice any violation of a Firm policy or procedure. I realize that violations of the above policies and procedures have consequences, including but not limited to, fines, mandatory educations, suspension and termination.

Please check all that apply:

- Registered Representative Supervised Person Vision Financial Markets LLC
 Vision Brokerage Services, LLC Vision Investment Advisors, LLC

Please Sign and Date Below

X

Signature

Print Name

Date

Please send a complete signed copy to compliance@visionfinancialmarkets.com or fax to 203.517.4103.

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