



Euroclear Free Delivery Request Form

Instructions: Use this form to deliver Euroclear 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 Euroclear 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)

❖ *Receiving Broker / Dealer Information*

Euroclear 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