

Account Transfer Form

Date: _____

TO: TRANSFERRING FIRM

Telephone: _____

Account Name: _____

Account Number: _____

FROM RECEIVING FIRM:

Vision Financial Markets LLC
One Whitehall Street, 15th Floor
New York, New York 10004
212.859.0200

Dear Sir/ Madam:

Please be advised that I desire to transfer my account balance, margin, open futures and options positions, and treasury bills from you to Vision Financial Markets LLC, One Whitehall Street, 15th Floor, New York, New York 10004, effective _____, 20___. Accordingly, this letter will serve as authorization and direction to you to close my account(s) with your firm and to issue a check, representing the net available cash balance in each of my accounts as of the market close of this date. I further direct you to make such a check payable and to send as follows:

TO: Vision Financial Markets LLC

Account Name: _____

Account Number: _____

One Whitehall Street, 15th Floor
New York, New York 10004

In addition, I direct you to transfer all open futures and options positions to Vision Financial Markets LLC, including the margin held to secure my open positions with your firm as of the market close of this date. Further, please cancel all open orders for my account(s) on your books.

Please include a copy of your last account statement
Please Sign and Date Below

Print Your Name

Date

X

Your Signature

Print Name of Joint Owner

Date

X

Joint Owner Signature