



## DTC Request Form

Instructions: Use this form to deliver or receive DTC eligible securities to or from a Vision non-retirement account to or from your account at another firm or financial institution. Please complete the appropriate Excel template to indicate which securities you wish to transfer and provide a recent statement from your account at the counterparty for verification purposes.

Please send the completed form, template and backup to [clientservices@visionfinancialmarkets.com](mailto:clientservices@visionfinancialmarkets.com) for processing.

\_\_\_\_\_  
Vision Account Number

\_\_\_\_\_  
Social Security / Tax ID Number

\_\_\_\_\_  
Vision Account Name

Type of Delivery:  Gift  Common Owner  Omnibus Transfer

### *Delivering/Receiving Broker Information*

\_\_\_\_\_  
DTC Number (4 Digits)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Title

#### Please Sign Below:

**X**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Date

#### Approved By:

**X**

\_\_\_\_\_  
Registered Principal Signature

\_\_\_\_\_  
Print Registered Principal Name

\_\_\_\_\_  
Date