



Your HR Trader Account Information

Account Title _____ Account Number _____

Account Type: Individual Joint Other: _____

Account Transfer Form

Please complete this Account Transfer Form in order to move your current brokerage account to HR Trader, including required sections I, II and IV. Section III is optional unless there are registration differences between the title of the transferring account and your HR Trader account. You will need to attach a copy of your most recent account statement from the transferring firm.

Section I: Transferring Firm Information

Name of Transferring Firm

Address

City State Zip

Telephone Number

Customer Account Title

Customer Account Number

Customer Social Security or Tax ID Number

Account Type Being Transferred (Check one):

Individual

Joint

Other: _____

Section II: Transfer Instructions

Brokerage account transfers are in kind; liquidate assets at current firm prior to submitting this form if you wish to have assets transferred in cash.

Select one:

Transfer all my assets (Money markets may be liquidated.)

Transfer only part of my account, as detailed below:

_____ Security Symbol or Name	_____ Number of Shares
_____ Security Symbol or Name	_____ Number of Shares
_____ Security Symbol or Name	_____ Number of Shares
_____ Security Symbol or Name	_____ Number of Shares
_____ Cash	_____ Amount

Please attach a copy of your most recent account statement from the transferring firm.

Section III: Registration Differences (if applicable)

If you are transferring an account that does not exactly match your HR Trader account (for example, transferring a joint account to an individual account), all delivering Account owners/trustees/general partners on the delivering account must complete this section and sign below. Please consult your legal and/or tax advisor regarding your personal situation. Additional documentation may be required to effect a transfer of assets between unlike registrations.

I (We) are transferring from (*name of firm*) _____, registered as (*name(s) on account*) _____ and hereby authorize the transfer of this account to HR Trader, registered as (*name(s) on account*) _____.

Please Sign and Date Below

_____ Print Your Name	_____ Print Name of Additional Account Holder
X _____ Your Signature	X _____ Additional Account Holder Signature
_____ Date	_____ Date



Section IV: Review and Authorize Transfer

Please transfer my entire securities account (or only part of my securities account, as detailed above) to HR Trader DBA Vision Financial Markets LLC ("HR Trader"), which has been authorized by me to make payment to you of the debit balance or to receive payment of the credit balance in my securities account. Please coordinate with HR Trader so that my request can be expedited as required by NASD Rule 11870 and CBOE 2320 Rule 9.20. I understand that to the extent any assets in my securities account are not readily transferable, with or without penalties, such assets may not be transferable within the time frames required by FINRA or other designated examining authority.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to HR Trader. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. If certificates or other instruments in my securities account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable HR Trader to transfer them in its name for the purpose of sale, when and as directed by me. I further instruct you to cancel all open orders for my securities account on your books.

I understand that I may be responsible for liquidation, termination, surrender and penalty fees when I transfer my assets. I will check with the firm currently holding my assets for information regarding these fees. I also understand that by signing this document, I agree that I am of legal age and that my electronic signature is the equivalent of a written signature.

Please Sign and Date Below

Print Your Name

X

Your Signature

Date

Print Name of Additional Account Holder

X

Additional Account Holder Signature

Date