



## LLC Resolution and Certificate

### Account Information

Official Full Name of Limited Liability Company

Line of Business

Taxpayer ID Number

#### Account Legal Address

(Required Information - NO P.O. Boxes)

Account information will be mailed to the legal address (or mailing address if different) listed below.

Address

City, State, Zip

Province (if applicable)

Country

#### Account Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

Vision Account Number: \_\_\_\_\_ - \_\_\_\_



I hereby certify that I am the Manager (or Managing Member) of \_\_\_\_\_,  
 a limited liability company duly organized and existing under the laws of the State of \_\_\_\_\_ (the "Company"),  
 and that the following is a true copy of a resolution duly adopted in accordance with the procedures set forth in the limited liability  
 company agreement of the Company ("LLC Agreement") at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_\_, and that such resolution has not been amended, rescinded or revoked and is in full force and effect:

RESOLVED, that (*Name and Title*) \_\_\_\_\_ and (*Name and Title*) \_\_\_\_\_,  
 or either one of them acting individually, or such other persons as the Company may designate from time to time in writing, are  
 hereby fully authorized and empowered to **a)** open a brokerage account with Vision, **b)** transfer, endorse, sell, assign, set over and  
 deliver any and all shares of stocks, bonds, debentures, notes, evidence of indebtedness or other securities (including short sales)  
 now or hereafter standing in the name of or owned by the Company, **c)** purchase stocks, bonds, debentures, notes, evidences of  
 indebtedness and other securities (on margin or otherwise), **d)** borrow money and draw upon credit lines of the Company to secure  
 and margin trades, **e)** receive requests and demands for additional margin, notices of intention to sell or purchase, and other no-  
 tices and demands of whatever character, **f)** receive, affirm and acquiesce in the correctness of notices, confirmations, statements  
 of account and other records and documents, **g)** settle, compromise, adjust or release any and all claims, demands, disputes or  
 controversies with Vision or any of its correspondent broker/dealers, and **h)** make, execute and deliver any and all written instru-  
 ments necessary or proper to effectuate the authority hereby conferred.

**Investments Permitted**

The undersigned agrees to the entering of purchases and sales of securities as well as all other transactions in the following  
 type(s) of accounts (check all that apply):

- Cash     Margin    Options:     Writing Covered     Creating Spreads     Purchases Long     Writing Uncovered

**To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial  
 institutions to obtain, verify and record information that identifies each person authorized to trade on an account.**

**I acknowledge that Vision will ask for the name, address, date of birth and other information of officers of the Company  
 that will allow Vision to identify them. Vision may also utilize a third-party information provider for verification purposes  
 and/or ask for a copy of the drivers license or other identifying documents of such officer.**

I further certify that the authority hereby conferred is consistent with the LLC Agreement and other agreements of the Company,  
 and that the persons set forth below have been duly appointed or elected and are now legally holding the offices designated.

**Please Sign and Date Below**

I further certify that the Company is duly organized and in good standing under the laws of its state of its formation and,  
 pursuant to its LLC Agreement and other governing instruments, has the power to effect the transactions set forth above  
 and to take all actions as recited in the resolution above and do all things which the designated persons deem necessary or  
 desirable in connection with the Company's account(s). Vision may rely upon this certification in establishing and maintaining  
 accounts for the Company.

IN WITNESS WHEREOF, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

**X** \_\_\_\_\_  
 Signature of Manager or Authorized Member

**X** \_\_\_\_\_  
 Signature of Manager or Authorized Member

\_\_\_\_\_  
 Print Name of Manager or Authorized Member

\_\_\_\_\_  
 Print Name of Manager or Authorized Member

## Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship:  U.S.  Other (Indicate Countries): \_\_\_\_\_

### Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Telephone

### Employment Status

Employed  Not-Employed  Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

**Additional Authorized Individual Information**

Authorized Individual Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number or Taxpayer ID Number \_\_\_\_\_

U.S. Drivers License Number \_\_\_\_\_

State of Issuance \_\_\_\_\_

Countries of Citizenship:  U.S.  Other (Indicate Countries): \_\_\_\_\_

**Mailing Address**  
(If different than legal address)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Province (if applicable) \_\_\_\_\_

Country \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Telephone

**Employment Status**

Employed  Not-Employed  Retired

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Occupation (List source of income if retired or not employed)

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Province (if applicable), Country

**Additional Authorized Individual Information**

Authorized Individual Name \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number or Taxpayer ID Number \_\_\_\_\_

U.S. Drivers License Number \_\_\_\_\_

State of Issuance \_\_\_\_\_

Countries of Citizenship:  U.S.  Other (Indicate Countries): \_\_\_\_\_

**Mailing Address**  
(If different than legal address)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Province (if applicable) \_\_\_\_\_

Country \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone Work Telephone

**Employment Status**

Employed  Not-Employed  Retired

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Occupation (List source of income if retired or not employed)

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Province (if applicable), Country

**If more than three authorized individuals, please print and complete additional pages as necessary.**