



## Corporate Resolution

### Secretary's Certificate Regarding Corporate Resolution (Profit or Nonprofit)

#### Account Information

Official Full Name of Corporation

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

#### Government ID

Foreign Entities Only (please attach a copy)

Type of Document

Country of Issuance

Government Issued Identification Number

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



I hereby certify that I am the Secretary of (Corporation) \_\_\_\_\_,  
 a corporation duly organized and existing under the laws of the State (or Province) of \_\_\_\_\_ (the "Corporation"), and that the following is a true copy of a resolution duly adopted by the board of directors of the Corporation at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at which meeting a quorum was present and acting throughout, or by unanimous written consent of the board of directors as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and that such resolution has not been rescinded or modified and is in full force and effect:

RESOLVED, that the President, Vice President and the Treasurer of this Corporation, or any one of such officers acting individually, 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 this Corporation, **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 this Corporation to secure and margin trades, **e)** receive requests and demands for additional margin, notices of intention to sell or purchase, and other notices 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, under the corporate seal of this Corporation, any and all written instruments 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 Corporation 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 officers.**

I further certify that: the authority hereby conferred is consistent with the charter and by-laws of the Corporation; I am a sole officer (unless indicated below); and the persons set forth below have been duly appointed or elected and are now legally holding the offices designated below.

I am the sole officer

**Please Sign and Date Below**

I further certify that the Corporation 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 authorized persons deem necessary or desirable in connection with the Corporation's account(s). Vision may rely upon this certification in establishing and maintaining accounts for the Corporation.

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

**X**  
 \_\_\_\_\_  
 Secretary's Signature (or sole officer)

\_\_\_\_\_  
 Print Name of Secretary (or sole officer)

(Corporate Seal)

**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: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

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

Address	City, State, Zip
Province (if applicable)                      Country	(    )    -    (    )    -
	Home Telephone                      Work Telephone

**Government ID**

Foreign Citizens Only (identification document must carry an identification number and photograph) Please attach a copy.

Immigration Status:    Permanent Resident    Non-Permanent Resident    Non-Resident

Place of Birth:

City, State/Province	Country
<input type="checkbox"/> U.S. Drivers License (Provided above) <input type="checkbox"/> NS Permanent Resident Alien Card <input type="checkbox"/> Passport with U.S. Visa <input type="checkbox"/> Passport without U.S. Visa	
<input type="checkbox"/> Foreign National Identity Document    _____	
Document Number	Country of Issuance

**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: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

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

Address	City, State, Zip
Province (if applicable)                      Country	(    )    -    (    )    -
	Home Telephone                      Work Telephone

**Government ID**

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Immigration Status:  Permanent Resident  Non-Permanent Resident  Non-Resident

Place of Birth:

City, State/Province	Country
<input type="checkbox"/> U.S. Drivers License (Provided above) <input type="checkbox"/> NS Permanent Resident Alien Card <input type="checkbox"/> Passport with U.S. Visa <input type="checkbox"/> Passport without U.S. Visa	
<input type="checkbox"/> Foreign National Identity Document	Country of Issuance
Document Number	

**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

**Government ID**

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Immigration Status:  Permanent Resident  Non-Permanent Resident  Non-Resident

Place of Birth:

City, State/Province \_\_\_\_\_

Country \_\_\_\_\_

U.S. Drivers License (Provided above)  NS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa

Foreign National Identity Document \_\_\_\_\_  
Document Number Country of Issuance

**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 \_\_\_\_\_