



**Instructions:**

- Please include a separate deposit slip for each check or wire.
- This form should be used for deposits only. Do not include any investment instructions on the deposit slip.
- Make checks payable to **Equity Trust Company, Custodian FBO [Account Holder's Name]**.
- Please include your Vision account number on the check.
- If funds are being wired, please fax this deposit slip to 203.517.9710 to the attention of "Client Services" prior to the wire transfer.
- Mail each check and the deposit slip to:

**Vision Financial Markets LLC**  
**120 Long Ridge Road, 3 North**  
**Stamford, Connecticut 06902**

**Please complete all of the applicable information on the deposit slip and submit it along with the check (or fax it in advance of a wire).**

<p>_____</p> <p>Date</p> <p>_____</p> <p>Account Holder Name</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City, State, Zip Code</p>	<p><input type="checkbox"/> Check enclosed    <input type="checkbox"/> Wire transfer</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Deposit Amount</th> <th style="width: 30%;">Check Number</th> <th style="width: 30%;">Wire Transfer Date</th> </tr> </thead> <tbody> <tr> <td style="height: 30px; vertical-align: top;">\$</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Deposit Type:</b></p> <p><input type="checkbox"/> Contribution for Tax Year: _____    <input type="checkbox"/> Rollover    <input type="checkbox"/> SEP Contribution    <input type="checkbox"/> Other: _____</p> <p><i>(SEP Contributions and rollovers are reported in the year received)</i></p>		Deposit Amount	Check Number	Wire Transfer Date	\$		
Deposit Amount	Check Number	Wire Transfer Date					
\$							
<p><b>Deposit Slip</b></p> <p>Make checks payable to:  <b>Equity Trust Company, Custodian FBO [Account Holder's Name]</b></p> <p>Please include your Vision account number on the check(s). If funds are being wired, please fax this Deposit Slip to 888.390.5291 to the attention of Client Services prior to the wire transfer.</p>	<p><b>Your Vision Account Number:</b></p> <p>_____ - _____</p> <p>Mail the check with this deposit slip to:</p> <p><b>Vision Financial Markets LLC</b>  <b>120 Long Ridge Road, 3 North</b>  <b>Stamford, Connecticut 06902</b></p>						

**Wire Instructions:**

CITIBANK  
(San Francisco, California)

ABA: 321171184  
FCT: EQUITY TRUST COMPANY  
A/C: 205575210  
FFCT: Client Name  
A/C: IRA A/C # \_\_\_\_\_