Futures Account Application

Supplement for Managed Accounts

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Vision Financial Markets

FORM: A

Limited Power of Attorney and Trading Authorization ("Power of Attorney")

I hereby authorize _____ (whose signature appears below) as my agent and attorney-in-fact to buy, sell (including "short" sales) and trade in commodities, commodity futures contracts and options thereon (including foreign futures contracts), forward contracts, foreign exchange contracts and instruments derivative thereof on margin or otherwise, and in connection therewith to buy, sell, invest and reinvest my funds in securities that are permissible investments of customer funds under rules and regulations of the Commodity Futures Trading Commission ("CFTC"), for my account with Vision Financial Markets LLC ("Vision," "you" or "your") and risk and in my name and stead on your books. I hereby agree to indemnify, defend and hold harmless Vision and your affiliates, and the respective officers, directors, managers, members, employees and agents (the "Indemnified Parties") from, and to pay the Indemnified Parties promptly on demand, any and all losses, expenses, costs, indebtedness and liabilities arising therefrom or debit balance(s) due thereon.

In all such purchases, sales or trades you are authorized to follow the instructions of my agent and attorney-in-fact in every respect concerning my account with you; and (s)he is authorized to act for me and in my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales or trades and with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades.

I hereby ratify and affirm any and all transactions with you heretofore or hereafter made by my agent and attorney-in-fact on behalf of or for my account.

This Power of Attorney is in addition to (and in no way limits or restricts) any rights which you may have under any other customer agreement or other agreements between you and me.

This Power of Attorney is a continuing one and shall remain in full force and effect until revoked by me by a written notice addressed to and actually received by you at your office at One Whitehall Street, 15th Floor, New York, New York 10004, but such revocation shall not affect any liability or obligation in any way resulting from transactions initiated prior to your receipt of such notice of revocation. This authorization and indemnity shall inure to the benefit of Vision and its successors firm or firms and their assigns, irrespective of any change or changes at any time in the ownership or personnel thereof for any cause whatsoever.

I FURTHER REPRESENT THAT EITHER (A) I HAVE RECEIVED A COPY OF, AND HAVE READ AND UNDERSTAND, THE COMMODITY TRADING ADVISOR DISCLOSURE DOCUMENT OF THE AGENT TO WHOM I HAVE GIVEN THIS POWER OF ATTORNEY TO TRADE MY ACCOUNT, OR (B) IF THE AGENT IS NOT REGISTERED AS A COMMODITY TRADING ADVISOR, I HAVE SIGNED A STATEMENT ACKNOWLEDGING THAT THE PERSON TO WHOM I HAVE GIVEN CONTROL OF MY ACCOUNT ("ACCOUNT CONTROLLER") IS EXEMPT FROM REGISTRATION AS A COMMODITY TRADING ADVISOR WITH THE CFTC AND NATIONAL FUTURES ASSOCIATION AND THUS IS NOT REQUIRED TO FURNISH SUCH A DISCLOSURE DOCUMENT TO ME.

I certify that I have the financial resources to enter into this Power of Attorney, and I have reviewed and understood the Agent's trading objectives and strategies.

Print Your Name	Print Name of Joint Owner
X Your Signature	X Joint Owner Signature
Date	Date
X Signature of Authorized Agent and Attorney-in-Fact	Print Name of Authorized Agent and Attorney-in-Fact
Date	

Vision Financial Markets

FORM: B

Acknowledgement of Exemption from Registration as a Commodity Trading Advisor

I, the undersigned Account Controller, have trading authority over a Vision Financial Markets LLC account titled

_____.
Print Account Name

The customer whose account is identified above ("Customer") has not been provided with a Disclosure Document because I am operating pursuant to an exemption from registration as a Commodity Trading Advisor ("CTA") under the Commodity Exchange Act ("Act") and regulations thereunder ("Regulations"), and as such I am not required to provide a Disclosure Document.

I am exempt from registration as a CTA because (Check Applicable Statement):

_____ A. I have provided advice to 15 or fewer persons during the past 12 months and do not hold myself out generally to the public as a CTA. (If "A" is checked, the Account Controller is required to complete and execute the Questionaire attached as Form C.)

_____ B. I am registered with the Commodity Futures Trading Commission ("CFTC") as a futures commission merchant, introducing broker or any associated person, and my commodity trading advice is solely in connection with my business or employment as such. If registered as an associated person, I have been registered as such for more than two years.

_____ C. I am a foreign based entity, located outside the United States, and I only solicit non-U.S. residents. Accordingly, I am exempt from registering as a CTA and as such, I am not required to provide a Disclosure Document to Customer.

_____ D. I am a member of Customer's family (circle applicable relationship: spouse, parent, child, grandparent, grandchild, brother, sister, aunt, uncle, nephew, niece or in-law) and receive no compensation whatsoever (whether directly or indirectly) in acting as an Account Controller for Customer.

By the Account Controller

_____ _____
Print Account Controller Name Date

X _____
Account Controller Signature

By Client

Client(s) hereby acknowledge receipt of this "Acknowledgement of Exemption from Registration as a Commodity Trading Advisor," and fully understand that the Account Controller is exempt from for registration with the CFTC as a commodity trading advisor.

_____ _____
Print Client Name Date

X _____
Client Signature

_____ _____
Print Name of Joint Owner Date

X _____
Joint Owner's Signature

*If there is more than one Exempt Account Controller, complete a copy of this Form and Form C for each Account Controller.

Questionnaire for Exemption from Registration as a Commodity Trading Advisor

1. What is your relationship with the individual whose account you intend to manage?

2. Describe the circumstances under which you came in contact with the holder of the account. Was the account holder solicited by you?

3. Do you receive any compensation whatsoever (directly or indirectly) in connection with providing advice to the account holder? If so, what is the basis for the compensation?

4. Are you registered or do you have a registration application pending as an associated person or in any other capacity in either the futures or securities business?

5. How many accounts have you managed or for which you have provided commodity trading advice in the past 12 months?

6. How many accounts do you intend to manage or for which you intend to provide commodity trading advice in the next 12 months?

7. Do you anticipate registering in any capacity in either the futures or securities business? Please explain.

8. Do you advertise, have a Web site, or otherwise hold yourself out to the public as a commodity trading advisor?

9. Describe your current employment.

Please Sign Below:

I acknowledge that Vision Financial Markets LLC ("Vision") is relying on the information in this Form and in Form B to comply with Commodity Futures Trading Commission regulations and National Futures Association By-Laws and rules, and certify that such information is true and correct. I agree to advise Vision promptly if there is any change in the foregoing information and to indemnify, defend, hold harmless Vision and its affiliates, and their respective officers, directors, managers, members, employees and agents from any and all losses, costs, expenses, indebtedness and liabilities arising from any untrue, inaccurate or incomplete statement in this Form or in Form B or from a failure to advise Vision of any changes in such information.

Print Name of Exempt Commodity Trading Advisor

Date

X

Signature of Exempt Commodity Trading Advisor

*If there is more than one Exempt Account Controller, complete a copy of this Form and Form B for each Account Controller.

Vision Financial Markets

FORM: D

Client Acknowledgement

Vision Financial Markets LLC
One Whitehall Street, 15th Floor
New York, New York 10004

I have carefully examined the provisions of the Limited Power of Attorney and Trading Authorization by which I have given trading authority and control over my account to:

Name(s) of Account Controller(s) _____ Residence Address _____

City _____ State ____ Zip _____ E-mail Address _____

and understand fully the extent of the authority that I have conferred upon the Account Controller over my account.

If the Account Controller is a registered commodity trading advisor, I represent that I have received a copy of, read and understood the Risk Disclosure Statement required by CFTC Rule 1.55(c) and a separate Disclosure Document of the commodity trading advisor. If the Account Controller is not registered as a commodity trading advisor, I represent that I have been advised in writing by the Account Controller that the Account Controller is exempt from registration and that the Account Controller is not required to provide a disclosure document to me. I understand that Vision Financial Markets LLC ("Vision") is in no way responsible for any loss to me by the activities of the Account Controller and that Vision does not, by implication or otherwise, control or endorse the operating methods or trading activity of the Account Controller. I further understand that neither the National Futures Association nor any other self-regulatory organization may have jurisdiction over the Account Controller, and that if I give such individual or organization authority to exercise rights over my account, I do so at my own risk and peril. I agree that the selection of the Account Controller is solely and exclusively my responsibility after diligent review and consideration of the Account Controller's trading methods and strategies even though Vision may have introduced and recommended the Account Controller to me, and that Vision is in no way responsible for any losses I may suffer as a result of the Account Controller's actions or recommendations.

Print Your Name _____ Date _____

X _____
Your Signature

Print Name of Joint Owner _____ Date _____

X _____
Joint Owner's Signature

Vision Financial Markets

FORM: E

Revocation of Discretionary Trading Authority

Please Sign Below

Vision Financial Markets LLC has received a Power of Attorney or other document by which you have granted trading authority and control over your commodity trading account carried by us to:

_____.
Print Name of Account Controller

We wish to bring the following to your attention:

Since the risk of loss is high in futures trading, only genuine "risk" funds should be used in such trading. A person who does not have extra capital that he or she can afford to lose should not trade in the futures market. No "safe" trading system has ever been devised and no one can guarantee you profits or freedom from loss. In fact, no one can even guarantee that the extent of your loss will be limited.

Even though you have granted trading authority to another person, you should monitor your account regularly. We will send you a confirmation of every trade made for your account and a profit and loss statement showing the financial results of each offsetting transaction for your account. In addition, we will send you monthly statements showing your ledger balance, the open positions in your account, the net profit or loss in all contracts closed since the date of your most recent statement, and the unrealized profit and loss in all open contracts figured to the market. You should carefully review these statements and call us immediately with any questions or discrepancies.

Revocation of Trading Authorization:

The trading authorization over your account remains in effect until revoked in writing by you or by virtue of your death. You may revoke the trading authorization which you have given to the person named above by signing below and returning this form to us:

Vision Financial Markets LLC
One Whitehall Street, 15th Floor
New York, NY 10004

All new positions initiated for your account are valid and binding until we receive this revocation or actual notice of your death.

_____ _____
Print Your Name Date

X _____
Your Signature

_____ _____
Print Name of Joint Owner Date

X _____
Joint Owner's Signature