



## Retirement Account Acknowledgement of Option Trading

Date: \_\_\_\_\_

Vision Brokerage Services, LLC  
120 Long Ridge Road, 3 North  
Stamford, CT 06902

Re: Account #: \_\_\_\_\_

To Whom It May Concern:

Please accept this letter as acknowledgment that I have requested that my retirement account be managed by Vision Investment Advisors ("Vision") on a discretionary basis with the understanding that Vision's program includes the use of covered call option writing in the portfolio that I have chosen.

I acknowledge that I have received and read the options risk disclosure document entitled, *Characteristics and Risk of Standardized Options* and any related supplements and I understand the risks involved with authorizing option trading in my retirement account.

Sincerely,

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date