

Unincorporated Association Resolution and Certificate

Account Information		
Official Full Name of Entity		
Line of Business	Taxpayer ID Number	
	Account Legal Address equired Information - NO P.O. Boxes) ed 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 Secretary of	, an unincorporated association
duly organized and existing under the laws of the State of	(the "Association") and that the following is
a true copy of a resolution duly adopted by the Association at a meeting	g held on the day of 20, at
which meeting a quorum was present and acting throughout, and that	such resolution has not been rescinded or modified and is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 or of such officers acting individually, are hereby fully authorized and e transfer, endorse, sell, assign, set over and deliver any and all shares ness or other securities (including short sales) now or hereafter standi stocks, bonds, debentures, notes, evidences of indebtedness and othe draw upon credit lines of the Association to secure and margin trade notices of intention to sell or purchase, and other notices and demand the correctness of notices, confirmations, statements of account and or release any and all claims, demands, disputes or controversies wit make, execute and deliver any written instruments necessary or properties.	inpowered to a) open a brokerage account with Vision, b) of stocks, bonds, debentures, notes, evidence of indebteding in the name of or owned by the Association, c) purchase in securities (on margin or otherwise), d) borrow money and s, e) receive requests and demands for additional margin, s of whatever character, f) receive, affirm and acquiesce in other records and documents, g) settle, compromise, adjust the Vision or any of its correspondent broker/dealers, and h)
Investments Permitted The undersigned agrees to the entering of purchases and sales of stype(s) of accounts (check all that apply):	securities as well as all other transactions in the following
□ Cash □ Margin Options: □ Writing Covered □ Creating	ng Spreads □ Purchases Long □ Writing Uncovered
To help the government fight the funding of terrorism and money institutions to obtain, verify and record information that identifies I acknowledge that Vision will ask for the name, address, date of both	each person authorized to trade on an account.
that will allow Vision to identify them. Vision may also utilize a th and/or ask for a copy of the drivers license or other identifying de	rd-party information provider for verification purposes
I further certify that the authority hereby conferred is consistent with the sons set forth below have been duly appointed or elected and are now	
Please Sign and Da	ite Below
I further certify that the Association has the power to effect the tracited in the resolution above and do all things which the designat with the Association's account(s). Vision may rely upon this certification.	ed persons deem necessary or desirable in connection
IN WITNESS WHEREOF, I have hereunto subscribed my name thi	sday of, 20,
X	
Secretary's Signature Prin	nt Name of Secretary



Authorized Inc	dividual 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 C	Countries):
	ing Address than legal address)
Address	City, State, Zip
Province (if applicable) Country	() () Home Telephone Work Telephone
Emplo	byment Status
☐ Employed ☐ Not-Employed ☐ Retired	
	Name of Employer
Occupation (List source of income if retired or not employed)	Name of Employer Employer's Address



Additional Additions	ed 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 C	Countries):
	ing Address than legal address) City, State, Zip
Province (if applicable) Country	() - () Work Telephone
	() ()
	Tomo total pricing
Emplo	byment Status



Additional Authoriz	ed 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 C	Countries):
(If different	than legal address)
Address Province (if applicable) Country	City, State, Zip () () Home Telephone Work Telephone
Trovince (ii applicable) Gountry	Tionic receptions work receptions
Emplo	oyment Status
Employed □ Not-Employed □ Retired	Name of Employer