



ACCESS REQUEST FORM

Thank you for your interest in the VISION application. In order to provide you with access, please complete and submit the form below. You will receive an e-mail from a VISION Administrator no later than 2 business days with information related to your request. You can send an e-mail at anytime to securitysupport@naic.org for questions relating to our system.

If you currently have an AVS or STS Account, please enter your **USER ID** here:

CUSTOMER/CONTACT INFORMATION

Contact Name: Contact Phone:

Contact Email:

Company Name: CoCode (If Applicable):

Address/City/State/Zip:

Company Type: Legal Entity Identifier (LEI):

ABA Number: Issuer Number: EIN/FEIN Number:

TPA INFORMATION

I have a TPA. Name of TPA:

I do not have a TPA.

I am a TPA.

FILING TYPE INFORMATION (Type(s) of filing you will submit): VOS Securities and/or SCA's Mutual Funds Financial Institution

BILLING INFORMATION

 (Select Only One)

Bill Filer Bill Primary Contact * Bill Clients Primary Contact (Applies to TPA's Only) *

* The Primary Billing Contact is the only person at the company authorized to pay the invoice regardless of the person filing.

Select if one Primary (This information is used when invoices are created and e-mail billing notifications are sent to customers)

Use the same Customer/Contact Information that is listed above for billing.

Use Customer/Contact Information listed below for billing (Must also be a user for the company in VISION)

ONLY COMPLETE THIS SECTION IF YOUR BILLING COMPANY/CONTACT INFORMATION IS DIFFERENT THAN WHAT IS LISTED ABOVE

Contact Name: Contact Phone:

Contact Email:

Company Name:

Address/City/State/Zip:

COMMENTS:

(If more than one cocode, please enter additional cocodes here)