



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 securitiessupport@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):

Branch Name (If Bank) : ABA# (If Bank): Sovereign (If Bank):

TPA INFORMATION

I have a TPA. Name of TPA:

I do not have a TPA.

I am a TPA.

Request to be on the Mutual Fund List or Bank List

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

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: