



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 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 or visit the [VISION Web page](#).

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:

FINANCIAL INSTITUTIONS must provide ABA, Issuer, EIN/FEIN or LEI Number

ABA Number:

EIN/FEIN Number:

Issuer Number:

LEI Number:

THIRD PARTY ADMINISTRATOR (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

Bill Filer

Bill Primary Contact *

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

**The Primary Billing Contact is the 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 you need access to more than one company, please enter additional cocodes here

After completing form, please save (or print as pdf) and email as attachment to: securitiessupport@naic.org