Reg. Rep: _

Office: _

Name for Filing:

FOR BROKER U	SE ONLY 🛛 🗎	TS to HTS Transfer ONLY	Broker Chan	ige ONLY
=Corporate =Co-Trustee I=Custodian =Direct Rollover	 □ EI=Ed. IRA □ ES=Estate □ HSA □ IR=IRA 	□ JT=Joint □ OT=Other □ QP=Qual/PS/Pen/Plan □ RI=Roth IRA	□ SI=Simple IR □ SN=Single □ TR=Trust	A 🗆 ACAT D Non-ACA Partial

HilltopSecurities	Hilltop Securitie Broker/Dealers Hilltop Securities Inc. Me	for which it cl	ears	IC=Corporate IT=Co-Trustee IU=Custodian IR=Direct Rollover	□ EI=Ed. IRA □ ES=Estate □ HSA	JT=Joint JT=Joint OT=Other QP=Qual/PS/Pen RI=Roth IRA	□ SI= □ SN	isimple IRA ☐ ACAT =Single
		Account T	ransfe	r Form)			
Use a separate form for each account						e vour employer	for specifi	ic details.
1. HTS Account Informati	,				•	, , ,	iei opeen	
Name as it appears on your HTS ad	ccount:	-			Pri	mary SS/Tax ID	#:	
HTS Account Number (if applicable						condary SS#:		
2. Transferring Account I								
g	(<u></u>				
Name as it appears on transferring account*							Fransferring	g Account Number
Name of Transferring Firm					Firm Phone N	umber	Deliverin	g Broker Number
* HTS will not accept limited partnership	out transferring account otions overnment Securities os or private placements.	?* (Check ALL that Cash Corporat	t apply.)	🗖 Marg	gin Debit Bal	n on the back of thi	s form.	Zip litional charge.)
3. Transfer Instructions.								
A. Transfer my ENTIRE ac	•					r account.)		
B. Transfer only PART of r			sets you v				Transf	for (aslast suc)
Asset Description		ransfer (select one)		Asse	et Description	n		fer (select one)
	u #	of Shares	_				🖵 # of Sh	ares
	□ A □ #	l of Shares					All # of Shi	ares
C. Mutual Fund Company	Transfer ///se a se	narate form for	ach muti	al fund con	nany)		•	
Name of Fund Company:					ipany.)			
Name of Fund	Fund Accou	ot #	Registratio	on (select one)		Dividend	Ca	pital Gains
Name of Fund		Liquidat		In Kind Tra		(select one) Reinvest	(s	select one)
		Liquida		Transfer a		Pay in Cash	Reinves	
		Liquida		 Transfer a Transfer # 		Reinvest Pay in Cash	 Reinves Pay in 0 	
				Transfer #		Reinvest	Reinves	
		🗖 Liquida	ate #	Transfer #	· 🛛	Pay in Cash	Pay in C	Cash
4. Attach a Copy of Your	Most Recent Sta	tement for th	e Transi	ferring Ac	count.			
Please be sure to attach a copy of your m	nost recent statement for t	ne account you are tra	ansferring to	Hilltop Securiti	es Inc.			
5. Please Read and Sign t	this Section.							
If this account is a qualified retirement account, please transfer all assets in my account to HTS timeframes required by NYSE Rule 412 or simil nontransferable proprietary money market fi fees due you from the credit balance in my account to the good deliverable form, including affixing any ne receiving a copy of this transfer instruction, you in connection with my securities account. If req	S. I understand that to the external understand that to the design und assets that are part of n ount. If my account does not c extent necessary to satisfy th cessary tax waivers, to enable u will cancel all open orders for	nt any assets in my accc gnated examining autho ny account and transfe ontain a credit balance, at obligation. If certificat the successor custodia my account on your boo	ount are not rea rity. Unless of r the resulting or if the credit es or other inst n to transfer th oks. I affirm that	adily transferable herwise indicate credit balance balance in the ac truments in my ac em in its name for at I have destroyed	with or without ad in the instruct to the successor count is insuffici count are in you or the purpose of ad or returned to	penalties, such assets tions above, I author or custodian. I authori ent to satisfy any outsi ir physical possession f sale, when and as dir you credit/debit cards	may not be to ize you to lic ize you to ded tanding fees of , I instruct you ected by me. and/or unuse	ransferred within the quidate any duct any outstanding due you, I authorize u to transfer them in I understand that upon
X						Signature Gua	aranteed By:	
Applicant's Signature		Date						
Co-Applicant's Signature Delivering Agents - Please refer to the	reverse side of this form f	Date or delivery instruction	s.		Medall	ion Signature Guarar	ntee Program) (if applicable)
Letter of Acceptance - To the prior trus	stee: Please be advised th	at Hilltop Securities Ir	nc. does here	eby accept app				()
Successor Custodian Authorized Signature	e	Date	Financi	ial Advisor's Nam	ie	Re	ep#	Office #

	Letter of Au	thorization		
Please complete if	the type of account in S	ection 1 is different th	nan that in Section 2.	
To Hilltop Securities Inc.:				
I hereby authorize the following transfer of assets:				
TRANSFER FROM:				
Delivering Firm:				
Account Number:				
Account Title:				
TRANSFER TO:				
HTS Account Number:				
Account Title:				
Financial Advisor's Name:		Offi	ice #: Rep #:	
I understand this transfer constitutes a change in the		new registered account holders w	will have exclusive rights to the assets.	
All authorized signers on the account being transferr	ed are required to sign.			
Sincerely,				
	,			
X		X		
Applicant's Signature	Date	Co-Applicant's Signature		Date
	s not guarantee acceptance by deliveri ince of the Letter of Authorization.	ng firm. Please contact the firm y	you are transferring your account from	as indicated in
-				
! Did You				
Know to allow 3-6 weeks for your transfer to be cor	FOR BROKE			
Receiving Firm Information				
Name and Address	Tax ID Number		Fax Number	
Hilltop Securities Inc. 1201 Elm Street, Suite 3500 Dallas, TX 75270-2180	75-1382137		(214) 859-1828	
Delivery Instructions				
All deliveries MUST include client name and HTS ac		End Mutual Funda	Ontion Instructions	
Depository Trust Company DTC Clearing Number: 0279	Dividend Reinvestment or Close-I Transfer all full shares. Liquidate Fra		Option Instructions OCC# 0279	
0	Foreign Custody		Checks	
ACAT Physical Delivery of Securities Physical Delivery- 0279 NY Envelope, NSCC/SIAC	Canadian Local Market: CUID: RBC		Hilltop Securities Inc.	
Dealersphyclear@hilltopsecurities.com	JPM Chase FAO: Southwest Securi Euro clear: Client Ref: Hilltop Securi		Attn: Receipts Department REF: Account Number	
Physical Delivery of Securities	Email: DealersEuroclear@hilltops	ecurities.com	1201 Elm Street, Suite 3500	
Hilltop Securities Inc. Attn: Stock Transfer Department	Global Custodian BIC: MGTCBEBE		Dallas, TX 75270	
REF: Account Number	Fed Wired Funds		Mutual Funds Registration	
1201 Elm Street, Suite 3500	JP Morgan Chase Bank, N.A. 270 Park Avenue		Hilltop Securities Inc. FBO: Name & Account Number	
Dallas, TX 75270-2180	New York, NY 10017-2070		P. O. Box 509002	
	ABA # 021000021		Dallas, TX 75250	
	Hilltop Securities Inc. A/C 08805076955		Fed-Entry Securities	
	FFC: Name & Account Number @ H	Hilltop	BK OF NYC/HILLTOP	
	Attention: Settlement Dept.		ABA #021000018 FedDealers@hilltopsecurities.com	n
	International Wires		<u>reubealers@fililiopsecurities.com</u>	1
	Same Above Instructions and add SWIFT address: CHASUS33			
	Letter of A	cceptance		
To the prior trustee: Please be advised that Hilltop S		=	l.	
X Successor Custodian Authorized Signature	Date	Financial Advisor's Name	Rep #	Office #