



Hilltop Securities Inc. and/or Broker/Dealers for which it clears
 Hilltop Securities Inc. Member NYSE/FINRA/SIPC

New Account
 Update

IRA Distribution Request Form

1. HTS Account Information.

HTS Account Number: _____ Date: _____

Full Name (First, Middle, Last) _____ SSN/Taxpayer ID # _____ Date of Birth _____

Address _____ City _____ State/Province _____ Country _____ Zip _____

2. Type of IRA. (Check ONE)

1. Traditional 2. Roth (>5yrs or <5yrs) 3. SEP 4. SIMPLE (Before or After 2 years since 1st Employer Contribution)

3. Type of Distribution. (Check ONE)

- 1.a Normal Distribution (Over age 59½)
 b. If Normal, is this a Required Minimum Distribution? Yes No
2. Beneficiary IRA - Traditional or Roth
3. Divorce (Attach copy of divorce decree)
4. Disability (as defined under IRS Code Section 72(m)(7))
5. IRA to Qualified Plan (Attach a letter of acceptance-not used for IRA to IRA transfers)
6. Early-Under age 59½ (Exceptions to IRS 10% penalty must be filed on Form 5329) *IRS 10% penalty is exclusive from your Federal tax election in section 5 of this form.
7. Removal of Excess Contribution for Prior Year _____
8. Removal of Excess Contribution for Current Year
9. Removal of Excess Contribution plus earning before tax filing deadline. Is contribution being removed in same year? Yes No

4. Distribution Type. (Check ONE)

- A. Distribute my entire account and close my account. (Note: Subject to a closing fee.)
- B. Distribution Request Gross Amount \$ _____ Net Amount \$ _____
- i. Cash portion gross amount: \$ _____
- ii. Security portion gross amount: \$ _____

Distribute the following securities. (Please provide # of shares. We cannot process the request on \$ amount.)

Asset Description	Quantity	Price/Value	Asset Description	Quantity	Price/Value

- All Dividend/Interest Income (Recurring Only)

5. Tax Withholding – Form W-4P/OMP No. 1545-0415.

The Tax Equity and Fiscal Responsibility Act of 1982 requires withholding of Federal Income Taxes from distributions beginning on January 1, 1983, unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. IF NO ELECTION IS MADE, THE CUSTODIAN MUST WITHHOLD TAXES AT THE REQUIRED RATE (10%). Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Please select one of the following required options for federal withholding. This withholding election only applies to this request. Do not leave this section blank:

- I elect to have no federal income tax withheld from my Retirement Account Distribution.
- I want the following federal percentage/\$ withheld _____ (not less than 10%) from each payment.

Please select one of the following for state withholding. This withholding election only applies to this request. Leave this section blank if your state does not have a state income tax requirement:

- I elect to have no state income tax withheld from my Retirement Account Distribution.
- I want the following state percentage/\$ withheld _____. Not applicable to all states. Please confirm with your Financial Advisor.

6. Frequency of Distribution. (Check ONE)

- 1. One time
- 2. Quarterly Beginning ____ Month ____ Day
- 3. Monthly (Make payment on: ____ day of month)
- 4. Under the Hilltop Div/Int payment schedule, as revised from time to time. (Please note that state tax cannot be withheld if you choose this option.)

7. Distribution Method. (Check ONE)

- 1. Check
- 2. Transfer to HTS account # : _____
- 3. Stock Certificate
- 4. ACH (Must also complete the ACH Form on the next page.)
- 5. Wire (Fill in the following & note that there is a \$15 wiring fee.)
 Bank name: _____
 City: _____ State: _____ Country: _____
 Routing #: _____ Account #: _____

8. For Participants Over 70 ½ Years Old.

I understand there is a minimum annual distribution requirement based on life expectancy and there is a penalty for not complying.

9. Please Sign and Date.

X _____
 Signature Date

FOR BROKERAGE USE ONLY

Registered Representative Signature:	Registered Representative Printed Name:	Date:
Authorizer/ Principal Signature:	Authorizer/ Principal Printed Name:	Date:
<input type="checkbox"/> Customer Wire Verbal Verification Obtained	Customer Wire Verbal Verification Obtained By (Print Name):	Date:

FOR HILLTOP USE ONLY:

<input type="checkbox"/> Operations Wire Verbal Verification	
Date: _____	Time: _____
Spoke with: _____	Operations Signature: _____



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Automated Clearing House (ACH) Authorization

Use this form to make on-demand fund transfers between your Hilltop Securities Inc. (HTS) and bank accounts and to set up recurring monthly transfers either to or from your HTS account. Please allow 2 weeks for this feature to be set up for your account. After the ACH is set up, funds can be transferred within 1 business day. Note: Your bank account must be cleared through a financial institution in the United States and the check must be payable in U.S. dollars.

1. HTS Account Information.

Name: _____ Social Security Number: _____
 HTS Account Number (if available): _____ Home Phone Number: _____
 Type of ACH Request (Check ONE): New ACH Request Change to Existing ACH Request Add Additional Bank

2. Bank Account Information. (Refer to your bank statement for the following information.)

Name as it appears on your Bank Account: _____
 Bank Name: _____ Bank Account Type (Check ONE): Checking **OR** Savings
 Bank Routing Number: _____ Bank Account Number: _____

3. On-Demand Transfers.

By signing this form, you elect to make transfers on-demand back and forth between your HTS and bank accounts. In addition to being able to make on-demand transfers, you can have the account set up for recurring types of transfers by completing section 4.

4. Recurring Transfers. (Check all that apply, if these additional options are desired.)

- Recurring transfer of dividends/interest and/or principal pay downs from HTS account to my bank account (Check ONE):
 - Transfer dividends/interest only **FROM HTS ACCOUNT** to my bank account.
 - Transfer dividends/interest & principal pay downs **FROM HTS ACCOUNT** to my bank account.
- Recurring monthly transfer between HTS & my bank account (Check ONE):
 - Recurring monthly transfer **FROM HTS ACCOUNT** to my bank account:*
 Amount: \$ _____ Day of the Month: _____ Expiration: _____
 - Recurring monthly transfer **FROM MY BANK ACCOUNT** to HTS account:
 Amount: \$ _____ Day of the Month: _____ Expiration: _____

***Important Note:** In order to distribute money FROM an IRA account, you must complete an IRA Distribution Request Form.

5. Please Read and Sign.

I/we authorize HTS to transfer funds between my/our securities account and my/our bank account via automated funds transfer. In the event an entry is incorrect, HTS reserves the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we understand that it takes approximately 14 days from receipt of this form for this feature to be activated. This authorization remains in full force and effect until HTS receives written notification of its termination or alteration. I/we acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

X _____ **X** _____
 Applicant's Signature Date Co-Applicant's Signature Date

6. Attach Voided Check.

