



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

FOR BROKER USE ONLY		<input type="checkbox"/> HTS to HTS Transfer ONLY	<input type="checkbox"/> Broker Change ONLY
<input type="checkbox"/> CO=Corporate	<input type="checkbox"/> EI=Ed. IRA	<input type="checkbox"/> JT=Joint	<input type="checkbox"/> SI=Simple IRA <input type="checkbox"/> ACAT
<input type="checkbox"/> CT=Co-Trustee	<input type="checkbox"/> ES=Estate	<input type="checkbox"/> OT=Other	<input type="checkbox"/> SN=Single <input type="checkbox"/> Non-ACAT
<input type="checkbox"/> CU=Custodian	<input type="checkbox"/> HSA	<input type="checkbox"/> QP=Qual/PS/Pen/Plan	<input type="checkbox"/> TR=Trust <input type="checkbox"/> Partial
<input type="checkbox"/> DR=Direct Rollover	<input type="checkbox"/> IR=IRA	<input type="checkbox"/> RI=Roth IRA	

Account Transfer Form

Use a separate form for each account you transfer. To roll over from an employer-sponsored retirement plan, see your employer for specific details.

1. HTS Account Information. (Attach your completed new account application if for a new account.)

Name as it appears on your HTS account: _____ Primary SS/Tax ID #: _____

HTS Account Number (if applicable): _____ Secondary SS#: _____

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

Name as it appears on transferring account* _____ **Transferring Account Number** _____

Name of Transferring Firm _____ Firm Phone Number _____ Delivering Broker Number _____

Transferring Firm's Address _____ City _____ State/Province _____ Country _____ Zip _____

*If your HTS account is not the same type of account as the one you are transferring, you must complete the Letter of Authorization on the back of this form.

What types of assets are held in your transferring account?* (Check ALL that apply.)

- Common Stocks Options Cash Margin Debit Balance \$ _____
 Mutual Funds Government Securities Corporate Bonds Foreign Securities (May be assessed an additional charge.)

* HTS will not accept limited partnerships or private placements.

3. Transfer Instructions. (Please complete section A, B or C.)

A. Transfer my ENTIRE account. (This is a total transfer which includes all assets held in your account.)

B. Transfer only PART of my account. (Please specify the assets you wish to transfer.)

Asset Description	Transfer (select one)	Asset Description	Transfer (select one)
	<input type="checkbox"/> All		<input type="checkbox"/> All
	<input type="checkbox"/> # of Shares _____		<input type="checkbox"/> # of Shares _____
	<input type="checkbox"/> All		<input type="checkbox"/> All
	<input type="checkbox"/> # of Shares _____		<input type="checkbox"/> # of Shares _____

C. Mutual Fund Company Transfer. (Use a separate form for each mutual fund company.)

Name of Fund Company: _____

Name of Fund	Fund Account #	Registration (select one)		Dividend (select one)	Capital Gains (select one)
		Liquidate	or In Kind Transfer		
		<input type="checkbox"/> Liquidate all	<input type="checkbox"/> Transfer all	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Reinvest
		<input type="checkbox"/> Liquidate # _____	<input type="checkbox"/> Transfer # _____	<input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Pay in Cash
		<input type="checkbox"/> Liquidate all	<input type="checkbox"/> Transfer all	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Reinvest
		<input type="checkbox"/> Liquidate # _____	<input type="checkbox"/> Transfer # _____	<input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Pay in Cash
		<input type="checkbox"/> Liquidate all	<input type="checkbox"/> Transfer all	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Reinvest
		<input type="checkbox"/> Liquidate # _____	<input type="checkbox"/> Transfer # _____	<input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Pay in Cash

4. Attach a Copy of Your Most Recent Statement for the Transferring Account.

Please be sure to attach a copy of your most recent statement for the account you are transferring to Hilltop Securities Inc.

5. Please Read and Sign this Section.

If this account is a qualified retirement account, I have amended the applicable plan so that it names Hilltop Securities Inc. (HTS) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to HTS. I understand that to the extent any assets in my account are not readily transferable, with or without penalties, such assets may not be transferred within the timeframes required by NYSE Rule 412 or similar rule of FINRA or other designated examining authority. **Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian.** I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my securities account. If requesting a transfer of a retirement plan I acknowledge that I understand and meet all necessary requirements for the transfer.

X _____
Applicant's Signature Date

X _____
Co-Applicant's Signature Date

Delivering Agents - Please refer to the reverse side of this form for delivery instructions.

Signature Guaranteed By: _____

Medallion Signature Guarantee Program (if applicable)

Letter of Acceptance - To the prior trustee: Please be advised that Hilltop Securities Inc. does hereby accept appointment as successor custodian.

X _____
Successor Custodian Authorized Signature Date Financial Professional's Name Financial Professional# Office #

Letter of Authorization

Please complete if the type of account in Section 1 is different than 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 Professional's Name: _____ Office #: _____ Financial Professional #: _____

I understand this transfer constitutes a change in the ownership of the assets and that the new registered account holders will have exclusive rights to the assets.

All authorized signers on the account being transferred are required to sign.

Sincerely,

X

Applicant's Signature

Date

X

Co-Applicant's Signature

Date

IMPORTANT: Completion of this form does not guarantee acceptance by delivering firm. Please contact the firm you are transferring your account from as indicated in Section 2 to confirm acceptance of the Letter of Authorization.

! Did You . . .

- Include a copy of your most recent transferring account statement with your account name clearly shown?
- Complete Sections 1 and 2 in full?
- Make sure that the type of account in Section 1 matches the type of account in Section 2? (If not, please fill out the Letter of Authorization.)
- Complete the appropriate boxes in Section 3?
- Sign in Section 5 if you are an account holder or trustee?
- Know to allow 3-6 weeks for your transfer to be completed. Time required to complete your transfer is influenced by industry rules and regulations.

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Receiving Firm Information

Name and Address
Hilltop Securities Inc.
1201 Elm Street, Suite 3500
Dallas, TX 75270-2180

Tax ID Number
75-1382137

Fax Number
(214) 859-1828

Delivery Instructions

All deliveries MUST include client name and HTS account number.

Depository Trust Company
DTC Clearing Number: 0279

Dividend Reinvestment or Close-End Mutual Funds
Transfer all full shares. Liquidate Fractions and send a check.

Option Instructions
OCC# 0279

ACAT Physical Delivery of Securities
Physical Delivery- 0279 NY Envelope, NSCC/SIAC
Dealersphyclear@hilltopsecurities.com

Foreign Custody
Canadian Local Market: CUID: RBCT Account#: T12213111
JPM Chase FAO: Southwest Securities
Euro clear: Client Ref: Hilltop Securities Inc. A/C: 78032
Email: DealersEuroclear@hilltopsecurities.com
Global Custodian BIC: MGTCBEBE

Checks
Hilltop Securities Inc.
Attn: Receipts Department
REF: Account Number
1201 Elm Street, Suite 3500
Dallas, TX 75270

Physical Delivery of Securities
Hilltop Securities Inc.
Attn: Stock Transfer Department
REF: Account Number
1201 Elm Street, Suite 3500
Dallas, TX 75270-2180

Fed Wired Funds
JP Morgan Chase Bank, N.A.
270 Park Avenue
New York, NY 10017-2070
ABA # 021000021
Hilltop Securities Inc.
A/C 08805076955
FFC: Name & Account Number @ Hilltop
Attention: Settlement Dept.

Mutual Funds Registration
Hilltop Securities Inc.
FBO: Name & Account Number
P. O. Box 509002
Dallas, TX 75250

International Wires
Same Above Instructions and add
SWIFT address: CHASUS33

Fed-Entry Securities
BK OF NYC/HILLTOP
ABA #021000018
FedDealers@hilltopsecurities.com

Letter of Acceptance

To the prior trustee: Please be advised that Hilltop Securities Inc. does hereby accept appointment as successor custodian.

X

Successor Custodian Authorized Signature

Date

Financial Professional's Name

Financial Professional#

Office #