



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

New Account
 Account Update

New Account Application w/ Margin and Option

1. Account Type

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint Tenants with Rights of Survivorship (Except LA Residents) | <input type="checkbox"/> C Corporation ¹ | <input type="checkbox"/> Partnership ¹ |
| <input type="checkbox"/> Custodial (UTMA) | <input type="checkbox"/> Joint Tenants in Common (50/50, unless otherwise noted ____% / ____%) | <input type="checkbox"/> S Corporation ¹ | <input type="checkbox"/> Trust ¹ |
| <input type="checkbox"/> Custodial (UGMA) | <input type="checkbox"/> Community Property (Residents of AZ, CA, ID, LA, NV, NM, TX & WA ONLY) | <input type="checkbox"/> Sole Proprietorship ¹ | <input type="checkbox"/> Estate ¹ |
| <input type="checkbox"/> Investment Club ¹ | <input type="checkbox"/> Non-Corporate ¹ | <input type="checkbox"/> Pension/PSP ¹ | <input type="checkbox"/> Bank ¹ |
| <input type="checkbox"/> Non-Profit ¹ | <input type="checkbox"/> Joint Tenants by Entirety | <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Limited Liability Company ¹ (Enter the LLC tax classification: C = C Corporation, S = S Corporation, P = Partnership: _____) | | |

¹Please attach a copy of the documentation which establishes individual trading authority on behalf of the account entity. Also, a New Account Application Addendum(s) must be completed, if there are (1) more than two account applicants, (2) additional persons with trading authority, or (3) for foreign entities having additional beneficial owners with an interest of 10% or more. (Please check box if New Account Application Addendum(s) is needed and attached:)

2. Customer Information

Name of Primary Applicant/ Custodian (First, Middle, Last) or Business/ Trust/ Entity Name Social Security #/ Tax ID # Date of Birth (Month/Day/Year)

Name of Co-Applicant/ Minor (First, Middle, Last) (If applicable) Social Security #/ Tax ID # Date of Birth (Month/Day/Year)

Physical/ Home Address (P.O. Box is not acceptable) City State/ Province Country Zip

Mailing Address (P.O. Box is acceptable if physical address provided above) City State/ Province Country Zip

Home Phone Number Cell Phone Number Fax Number Email Address

3. Customer Identification

USA PATRIOT Act - Important Information About Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will require your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

For Individual Primary Applicant:

- Driver's License Passport/Visa Other _____
- Issuer: _____ ID Number: _____
- Date of Issuance (If applicable): _____ Date of Expiration (If applicable): _____

For Individual Co-Applicant (If applicable):

- Driver's License Passport/Visa Other _____
- Issuer: _____ ID Number: _____
- Date of Issuance (If applicable): _____ Date of Expiration (If applicable): _____

For Entity Applicant (Must include copy of organizational document **and** appropriate trading authorization, i.e. a Corporate Resolution):

- Certification of Trust by Trustee(s) Articles of Incorporation Partnership Agreement Other _____

4. Customer Profile

Marital Status: Single Married Divorced Widowed **Number of Dependents:** _____

Citizenship Status: U.S. Citizen Resident Alien Non-Resident Alien (If a Non-Resident Alien, you must provide a valid government-issued photo ID and a completed W-8BEN) **Country of Citizenship if Non-U.S.:** _____

Primary Applicant's Employment Information (Please specify if self-employed, unemployed, retired, homemaker, student or other):

Employer (If self-employed or retired, specify type of business.) Occupation/Job Title Business Telephone

Employer's Address City State/Province Country Zip

Co-Applicant's Employment Information (Please specify if self-employed, unemployed, retired, homemaker, student or other):

Employer (If self-employed or retired, specify type of business.) Occupation/Job Title Business Telephone

Employer's Address City State/Province Country Zip

Trusted Contact Person Information (optional)

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

First Name	Middle Name	Last Name			
Home Address	Apt. /Suite No.	City	State/ Province	Country	Zip
Home Phone Number	Cell Phone Number	Work Number	Email Address		
Relationship to Primary Applicant/ Co-Applicant					

Customer Affiliations and Disclosures

Indicate the affiliation of yourself, your spouse, or any other immediate family members (i.e. parents, siblings, children or in-laws) with the following (Please include name and relationship as is applicable):		Self	Family Member
A. Employed by or associated with the securities industry or a financial regulatory agency? (If yes, please specify the entity name and address to which duplicate account mailings should be sent, as well as including a letter from employer approving this account.):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol.):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
C. A senior military, governmental or political official in either the U.S. or a foreign jurisdiction? (If yes, identify the name of the official, office held, and country.):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
D. Are you an accredited investor as defined in SEC Rule 501 of Regulation D?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Have you granted account trading authorization to another party? (If yes, please specify the agent name and provide a copy of the written agreement conferring trading and account authority.) Yes No _____

For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Yes No

Financial Institution References

Reference 1: _____ Reference 2: _____ Reference 3: _____

Customer Investment Objectives and Risk Tolerance

Select the categories that best describe your investment objectives (and if joint that of any co-applicants) and the risk that you are willing to assume in this account. Different investment products and strategies involve different degrees of risk. The greater the expected returns of a product or strategy, the greater the risk that you could lose some or all of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations. (Note that a secondary investment objective is not required).

Select One Primary Investment Objective with Your Associated Risk Tolerance (Check one box only)				Select One Secondary Investment Objective with Your Associated Risk Tolerance (Check one box only)			
Capital Preservation	<input type="checkbox"/> Low	You may not choose a secondary investment objective if you select Capital Preservation.		Income	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Income	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Growth		<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Growth		<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Speculation			<input type="checkbox"/> High
Speculation			<input type="checkbox"/> High				<input type="checkbox"/> High

Investment Objective Descriptions

- **Capital Preservation:** The object of capital preservation is to protect your initial investment by choosing investments that minimize the potential of a loss of principal. The long-term risk of this strategy is that returns may not offset inflation.
- **Income:** The primary objective of the income strategy is to provide current income rather than the long-term growth of principal.
- **Growth:** The objective of the growth strategy is to increase the value of your investment over time while recognizing a high likelihood of volatility.
- **Speculation:** A speculative objective assumes a higher risk of loss in anticipation of potentially higher-than-average gains by taking advantage of expected price changes. You recognize and are able to bear the full risk of the loss of some or all principal in such investments.

Risk Tolerance Descriptions

- **Low (Conservative):** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- **Moderate:** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.

- **High (Aggressive):** I am willing to accept high risk to my initial principal, including high volatility, to seek higher returns over time, and understand I could lose all or a substantial amount of the money invested.

Customer Financial Information

Financial Information - Primary Applicant *(Combine Information for Joint Accounts)*

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment experience and financial situation to help us determine which investment products and strategies are suitable for you.

Investment Experience <i>(Include Years of Experience)</i>	Annual Income ¹ <i>(From all Sources)</i>	Net Worth ² <i>(Exclusive of Residence)</i>	Liquid Net Worth ³ <i>(Cash, Securities, etc.)</i>	Federal Tax Rate
<input type="checkbox"/> Stocks _____ <input type="checkbox"/> Bonds _____ <input type="checkbox"/> Options _____ <input type="checkbox"/> Commodities _____ <input type="checkbox"/> Futures _____ <input type="checkbox"/> Mutual Funds _____ <input type="checkbox"/> Other <i>(List)</i> _____	<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000-\$3,000,000 <input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000-\$2,999,999 <input type="checkbox"/> \$3,000,000-\$50,000,000 <input type="checkbox"/> Over \$50,000,000	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000-\$3,000,000 <input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%

Additional Customer Information *(Combine Information for Joint Accounts)*

Annual Expenses ⁴ <i>(Recurring)</i>	Special Expenses ⁵ <i>(Future/ Non-Recurring)</i>	Description of Terms
<input type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001-100,000 <input type="checkbox"/> \$100,001-250,000 <input type="checkbox"/> \$250,001-500,000 <input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001-100,000 <input type="checkbox"/> \$100,001-250,000 <input type="checkbox"/> Over \$250,000	<p>1 Annual income includes income from sources such as employment, alimony, social security, investment income, etc.</p> <p>2 Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.</p> <p>3 Liquid net worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.</p> <p>4 Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.</p> <p>5 Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p>
<p>The investments in this account will be: <i>(Check one)</i></p> <input type="checkbox"/> Less than 1/3 of my financial portfolio <input type="checkbox"/> Roughly 1/3 to 2/3 of my financial portfolio <input type="checkbox"/> More than 2/3 of my financial portfolio	<p>Timeframe for Special Expenses</p> <p>Special Expense: _____</p> <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11 years or more	

Investment Time Horizon - When is the earliest that you expect to need funds from this account?

- Under 3 years
 3-5 years
 6-10 years
 11-20 years
 Over 20 years
 Unknown

I plan to use this account for the following <i>(Check all that apply)</i>	What is your source of funds for this account <i>(Check all that apply)</i>
<input type="checkbox"/> Generate income for current or future expenses <input type="checkbox"/> Partially fund my retirement <input type="checkbox"/> Wholly fund my retirement <input type="checkbox"/> Steadily accumulate wealth over the long term <input type="checkbox"/> Preserve wealth and pass it on to my heirs <input type="checkbox"/> Pay for educational expenses <input type="checkbox"/> Market speculation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Income from Earnings <input type="checkbox"/> Investments/ Transfer from Brokerage Account <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Business or Real Estate <input type="checkbox"/> Inheritance <input type="checkbox"/> Pension/ IRA/ Retirement Savings <input type="checkbox"/> Spouse/ Parent/ Relative <input type="checkbox"/> Legal/ Insurance Settlement <input type="checkbox"/> Lottery/Gaming <input type="checkbox"/> Other: _____

Other Investment Information *(Optional)* - Please consider providing us with additional information about your other investments to help us more fully understand your financial situation and the types of investments or strategies that may be appropriate for your total investment portfolio. *(Use additional pages if needed)*

Investment Type/Description	Firm Holding Your Investment	Amount of Investment
		\$
		\$
		\$

5. Account Funding

- Enclosed is a check in the amount of \$ _____. (Make check payable to Hilltop Securities Inc.)
- Enclosed is/are security certificate(s). (Please endorse all certificates on the back exactly as they are registered on the front.)
- Enclosed is an ACAT Form and a copy of my most recent statement to transfer ALL or PART of my account from _____.
- Funded by wire transfer in the amount of \$ _____. Other _____.

6. Sweep Instructions for Entities Only. (Accounts owned by an entity, for example, Corporation, LLC, Non-profit organization, Partnership, Corporate Trustee)

The following are the only sweep instructions available for accounts owned by an entity:

- Sweep to Bank Insured Deposit (FDIC Insured Deposit Account)
- Sweep to Dreyfus Government Cash Mgmt. (Investor)-DGVXX
- Credit Interest, Sweep Declined

7. Sweep Account Instructions (For All Other Types of Accounts)

- Sweep to Bank Insured Deposit (FDIC Insured Deposit Account)
- Sweep to Federated Hermes Prime Oblig. (Automated)-PTAXX
- Sweep to Dreyfus National Municipal (Wealth)-GTMXX
- Sweep to Dreyfus Government Cash Mgmt. (Investor)-DGVXX
- Sweep to Dreyfus Treasury Securities Cash Mgmt. (Investor)-DVRXX
- Sweep to Federated Hermes California Muni. Cash Trust (Service)-CACXX
- Sweep to Federated Hermes New York Muni. Cash Trust (Wealth)-NISXX
- Credit Interest, Sweep Declined

Optional Payout Instructions available to section 6 and 7:

Dividend/Interest Instructions (If you choose to make a selection, you may select only ONE):

- Send Dividends and Interest via Check, Hold principal in Account
- Send ACH (For Dividends Only)

Money Instructions (If you choose to make a selection, only ONE option is available):

- Send Sales proceeds via Check

If you choose the "Credit Interest, Sweep Declined" option, fail to make a selection, or if your account is ineligible to sweep, you authorize HTS to retain the excess cash balance in an interest-bearing SIPC insured credit investment pending (CIP) account held at HTS. HTS may change the products available under the sweep program, however you will receive 30 days notice before certain specified changes are made. For complete sweep account disclosures please see the Customer Information Brochure. Refer to the money market fund prospectus for more complete information, including terms, management fees, prevailing rates and expenses. I acknowledge and understand that if I elect or otherwise have excess cash balances swept to the Bank Insured Deposit, that I will review and obtain the Bank Insured Deposit Terms and Conditions, at: <http://www.hilltopsecurities.com/hilltop-securities-inc-disclosures/sweep-account-disclosure/>. If I do not have access to the internet or am otherwise unable to access this document, I may request a printed copy and then it will be mailed to me. My selections under this section and my signature at the end of this application constitute my affirmative written consent regarding my sweep account participation.

8. Margin/Short Account Agreement (Please read and sign below if you wish to trade on margin.)

By signing below, I acknowledge that I have received a copy of the HTS Margin and Short Account Agreement Section of the Customer Information Brochure as well as the current margin rate and that I have read, understand and agree to be bound by the terms. Furthermore, I have been made aware of the risks associated with trading securities short or on margin. **I REPRESENT THAT I AM CAPABLE OF EVALUATING, CARRYING AND BEARING THE FINANCIAL RISKS AND HAZARDS OF MARGIN OR SHORT TRADING AS I HAVE REQUESTED.**

X _____
Primary Applicant's Signature Date

X _____
Co-Applicant's Signature Date

9. Option Account Agreement (Please read, complete and sign below if you wish to trade on options.)

Investment Objective (See Descriptions on Page 2)	Prior Option Activity Has Been	Prior Option Trading Frequency	Prior Option Trading Occurred In What Account Type
<input type="checkbox"/> Income <input type="checkbox"/> Speculation	<input type="checkbox"/> No Activity <input type="checkbox"/> Buying <input type="checkbox"/> Writing <input type="checkbox"/> Uncovered (Sales)	<input type="checkbox"/> No Trading <input type="checkbox"/> Infrequent <input type="checkbox"/> Moderate <input type="checkbox"/> Active	<input type="checkbox"/> Cash <input type="checkbox"/> Margin <input type="checkbox"/> Both <input type="checkbox"/> Neither

Option Strategy Levels Requested: (Check the strategy level that you wish to utilize in this account)

- Level 1:** Covered Call Writing – Writing calls fully covered by underlying stock or security convertible into underlying stock.
- Level 2:** Level 1 plus buying calls and/or puts.
- Level 3:** Levels 1 and 2 plus put writing, spreads and straddles. (Note: Requires the use of margin)
- Level 4:** Levels 1, 2 and 3 plus uncovered call writing. (Note: Requires the use of margin)

By signing below, I acknowledge that I have received a copy of the HTS Option Account Agreement Section of the Customer Information Brochure and that I have read, understand and agree to be bound by the terms. I feel that I have sufficient knowledge to invest in options and I represent that I will maintain extra awareness due to the short life and price volatility of options. **I REPRESENT THAT I AM CAPABLE OF EVALUATING, CARRYING AND BEARING THE FINANCIAL RISKS AND HAZARDS OF THE OPTION STRATEGIES AS I HAVE REQUESTED.**

X _____
 Primary Applicant's Signature Date

X _____
 Co-Applicant's Signature Date

10. Account Agreement and Special Instructions (Please read and sign)

You hereby request that your Financial Professional maintain a brokerage account in the name(s) listed on this application. You acknowledge that you have received, read and understood the Hilltop Securities Inc. (HTS/Firm) Cash Account Agreement (Agreement) section of the Customer Information Brochure and that you agree to be bound by the terms and conditions of the Agreement that apply to your brokerage account, as is currently in effect and as may be amended from time to time, and that you will contact your Financial Professional regarding any questions that may relate to your account in a timely manner.

By signing this Application below, you authorize HTS to invest or transfer on an ongoing basis any excess cash balances to another account or institution as per the sweep account option you have selected or, alternatively, to retain any excess cash balances in CIP, except for IRAs or qualified retirement plans, should you either decline a sweep account option, make no sweep selection, or have an ineligible account. You also acknowledge that you have read, understand, and agree to be bound by all terms as contained in the Customer Information Brochure relating to sweep accounts. You agree to notify your Financial Professional in writing should you wish to change your sweep account selection, decline participation in a sweep account option, or elect to participate in a sweep account. You also authorize HTS to transfer your interest in the selected sweep option to another product in the sweep program upon 30 days written notice.

By signing this Application, you confirm your intention to reinvest cash credit balances held by HTS in your name, and you further confirm that this cash credit balance is being maintained in your account solely for the purpose of reinvestment. You acknowledge your understanding that cash balances of up to \$250,000 are protected by the Securities Investor Protection Corporation (SIPC), but that SIPC coverage is not available for funds maintained solely for the purpose of earning interest.

Under rule 14b-1(c) of the Securities Exchange Act, a broker is required to disclose to an issuer the name, address, and securities positions of our customers who are beneficial owners of that issuer's securities unless the customer objects. If you object to the disclosure of such information, please check this box:

Yes, I object to the disclosure of such information.

We are required to report your cost basis, short term and long term capital gain/loss information to the Internal Revenue Service (IRS) after the sale of your securities (for transition of specific securities, see your Customer Information Brochure). Hilltop Securities Inc. will use the First In First Out (FIFO) cost basis default accounting method on all lots sold unless you notify us to use an alternate cost basis accounting method, pursuant to instructions in your Customer Information Brochure. Please note that if you wish a specific tax lot to be sold, you will need to notify your Financial Professional in writing on or before the settlement date of the trade as to which lot you wish sold. (Please refer to your Customer Information Brochure for additional details. For further reference the Internal Revenue Service Cost Basis Regulations can be found on the IRS website at <http://www.irs.gov>.) Please see below selections to change from Hilltop Securities Inc. default bond reporting options.

Market Discount Election- Hilltop Securities Inc. defers the recognition of Market Discount. Please select this box if you want to Recognize Market Discount as it accrues. If you made an election under section 1278(b) to include market discount in income as it accrues, you must notify Hilltop Securities Inc. of this election in writing in accordance with Regulations section 1.6045-1(n)(5). (Please refer to the IRS Publication 550).

Market Discount Calculation Election- Hilltop Securities Inc. uses the Constant Yield calculation method for accreting Market Discount. Please select this box if you choose the Straight Line (Ratable) Calculation method. (Please refer to the IRS Publication 550).

Bond Premium- Hilltop Securities Inc. amortizes taxable Bond Premium. Please select this box if you do not want to amortize taxable Bond Premium. (Please refer to the IRS Publication 550).

Tax Withholding Certifications

Please check all boxes that apply, and sign and date in Section 9:

Primary Applicant	Co-Applicant	
<input type="checkbox"/>	<input type="checkbox"/>	U.S. Person: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (including a U.S. resident alien); and (4) the Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
<input type="checkbox"/>	<input type="checkbox"/>	Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
<input type="checkbox"/>	<input type="checkbox"/>	Non-Resident Alien: I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8BEN with this form to certify my foreign status and, if applicable, claim tax treaty benefits.
<input type="checkbox"/>	<input type="checkbox"/>	United States Financial Institution (USFI): By selecting this box you indicate that you are an USFI. You certify that you are exempt from backup withholding and certify that you are FATCA exempt. You also certify that the exempt payee code provided below is correct. Please note that exempt payee code is required. Please see http://www.irs.gov/pub/irs-pdf/fw9.pdf for information on exempt payee codes. _____ Exempt payee code

By signing and dating this form, all applicants authorize the disclosure of their names, security position(s) and contact information, for purposes of receiving official communications concerning municipal securities, if relevant, to (a) an issuer of municipal securities; (b) a trustee for an issue of municipal securities in its capacity as trustee; (c) a state or federal tax authority; or (d) a custody agent for a stripped coupon municipal securities program in its capacity as custody agent. (For additional information, please see MSRB Rules G-8(a)(xi) and G-15(g)(iii)(A).

For Joint Tenants with Rights of Survivorship (JTWROS) accounts, on the death of one party to a joint account, all sums in the account on the date of the death vest in and belong to the surviving party as his or her separate property and estate.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup and FATCA withholding. For IRS Form W-9 instructions please use the following link: <http://www.irs.gov/pub/irs-pdf/iw9.pdf>.

In consideration of HTS accepting an account for me/us, I/We ("I") acknowledge that I have read, understand and agree to be bound by the HTS Cash Account Agreement terms as contained in the Customer Information Brochure, that I acknowledge receiving the Form CRS and the Brokerage Services Disclosure Brochure. **I further acknowledge that I have read and understand the pre-dispute arbitration clause contained in the Cash Account Agreement section of the Customer Information Brochure and agree to resolve any disputes arising out of my account by arbitration.** I certify that the foregoing client information is accurate and I am aware that the information is relied upon by the financial professional in servicing my account, and as such, I agree to notify the Firm in writing of any material changes, including those to the holder's financial situation or investment objectives.

11. Customer Signatures

X _____
 Primary Applicant's Signature Date

 Primary Applicant's Printed Name

X _____
 Co-Applicant's Signature Date

 Co-Applicant's Printed Name

FOR BROKERAGE USE ONLY

Characteristics and Risks of Standardized Options Delivered: _____ / _____ / _____
 Special Statement for Uncovered Option Writers Delivered: _____ / _____ / _____
 In my capacity as Registered Options Principal, I have reviewed the client's financial condition, investment objective(s) and investment experience, and on that basis feel the following level of trading is suitable for this client:
 Level 1 Level 2 Level 3 Level 4 None
 X _____
 Registered Options Principal Signature Date

 Registered Options Principal Printed Name
 Office#: _____ Financial Professional#: _____ Account#: _____

Customer Information Brochure Delivered: _____ / _____ / _____
 Privacy Policy Delivered: _____ / _____ / _____
 Form CRS Delivered: _____ / _____ / _____
 Form CRS Delivery Method: _____
 Copies of all Written Agreements Delivered: _____ / _____ / _____
 X _____
 Financial Professional's Signature Date

 Financial Professional's Printed Name
 X _____
 Principal's Signature Date

 Principal's Printed Name