For Office Use Only: Acct. #	Office#:	Reg. Rep#:	Name for Filing
	Hilltop Securities Inc. and	d/or Broker/Dealer	s for which it Clears
Hilltop Securities	Hilltop Securities Inc Member: I	NYSE/ FINRA/ SIPC	

New Account Account Update

For Office Use Only: Acct. #	Office#:	Reg. Rep#:	Name for Filing	
HilltopSecurities A Hilltop Holdings Company.	Hilltop Securities Inc. and Hilltop Securities Inc Member: N		for which it Clears	

	N	lew Account	Application			
I. Account Type						
□ Individual □ Custodial (UTMA/UGMA) □ Investment Club¹ □ Non-Profit¹ □ Foundation □ Limited Liability Compan	☐ Joint Tenants with Rights ☐ Joint Tenants in Common ☐ Community Property (Resi ☐ Non-Corporate¹ ☐ Joint Tenants by Entirety y¹ (Enter the LLC tax classification	(50/50, unless otherwise idents of AZ, CA, ID, LA, N	noted,%/%) IV, NM, TX & WA ONLY)	☐ C Corporation¹☐ S Corporation¹☐ Sole Proprietor☐ Pension/PSP¹☐ Conservatorsh	rship ¹ □	Partnership ¹ Trust ¹ Estate ¹ Bank ¹ Guardianship
	he documentation which esta pleted, if there are (1) more th					
	owners with an interest of 109					
2. Customer Inforn	nation					
Name of Primary Applicant/ Cu	stodian (<i>First, Middle, Last</i>) <u>or</u> Bu	siness/ Trust/ Entity Name	Social Sec	curity #/ Tax ID #	Date of Bi	rth (Month/Day/Year)
Name of Co-Applicant/ Minor (I	First, Middle, Last) (If applicable)		Social Secur	rity #/ Tax ID #	Date of Birth	(Month/Day/Year)
Physical/ Home Address (<i>P.O.</i>	Box is not acceptable)	City	State/ Province	Country	Zip	Years at Residence
Mailing Address (P.O. Box is ac	cceptable if physical address provi	ided above)	City	State/ Province	Country	Zip
Home Phone Number	Cell Phone Nur	mber	Fax Number	Email Address		
3. Customer Identi	fication					
For Individual Primary Ap Driver's License	Passport/Visa Other					
lssuer:						
For Individual Co-Applica	icable): nt (If applicable): Passport/Visa ☐ Other		Date of Expiration (If	applicable):		
Issuer:			ID Number:			
Date of Issuance (If appl	icable):		Date of Expiratio	n (If applicable):		
For Entity Applicant (Mus	t include copy of organizations		=	ion, i.e. a Corporate R	esolution):	
☐ Trust Agreement ☐	Articles of Incorporation	☐ Partnership Agreem	ent Other			
4. Customer Profil	е					
_	☐ Married ☐ Divorced U.S. Citizen ☐ Resident Al W-8BEN)	lien 🛭 Non-Resident A	ber of Dependents: Nien (If a Non-Resident / tizenship if Non-U.S. : _		e a valid gove	rnment-issued
Primary Applicant's Em	ployment Information (Plea	ase specify if self-emplo	oyed, unemployed, retire	d, homemaker, studer	nt or other):	
Employer (If self-employed	or retired, specify type of busi	iness.)	Occupation/Job Title		Business	Telephone
Employer's Address		City	State/Province	Count	ry	Zip
Co-Applicant's Employn	nent Information (Please sp	pecify if self-employed,	unemployed, retired, hor	memaker, student or o	ther):	
Employer (If self-employed	or retired, specify type of busi	iness.)	Occupation/Job Title		Business	Telephone
Employer's Address		City	State/Province	Count	try	Zip

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	For Office Use Only:	Acct. #		Office#:	Reg. Rep#:	Nam	e for Filing			
Home Address	Trusted Con	tact Pers	on Information (op	tional)						
Home Address	about your account information, health	to that persor status, or the	n in the following circumstan identity of any legal guardia	ces: to address po	ssible financial exp	loitation, to confirm	the specifics of	your c	urrent c	ontact
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): 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.): No Yes Yes B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol.): 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. No Yes 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. No Yes Yes The provided 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 Financial Institution References 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 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 invest	First Name			Middle Nan	ne	Last Na	ame			
Indicate the affiliations and Disclosures	Home Address		Apt. /Suite No.	City		State/ Province	Coun	try		Zip
Indicate the affiliations and Disclosures Indicate the affiliation of yourself, your spouse, or any other immediate family members (i.e. parents, siblings, children or in-laws) Self Family with the following (Please include name and relationship as is applicable): 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.): B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol.): 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.): 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 No No No No No No N	Home Phone Numl	ber	Cell Phone N	lumber	Work Numbe	r Ema	ail Address			
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): 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.): B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol.): 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.): 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.) Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). Per entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). P	Relationship to Prir	mary Applican	t/ Co-Applicant							
with the following (Please include name and relationship as is applicable): 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.): B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol): 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, No Yes Yes Yes Yes Yes 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.) For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, in	Customer Affi	liations an	d Disclosures							
address to which duplicate account mailings should be sent, as well as including a letter from employer approving this account.): No Yes Yes Yes					y members (i.e. pa	rents, siblings, child	ren or in-laws)		Self	
B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol): 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,): 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.) For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company (As defined in Rule 12b-2 of the Securities Exchange Act of 1934). For entities, indicate whether the applicant is a shell company investment of the rule of the victies of the vic										
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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.): 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). 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 marke fluctuations. (Note that a secondary investment Objective with Your Associated Risk Tolerance (Check one box only) Select One Primary Investment Objective with Your Associated Risk Tolerance (Check one box only) You may not choose a secondary investment Objective with Your Associated Risk Tolerance (Check one box only) Preservation Low		ector or 10% (or more) shareholder in a pu	blicly-owned compa	any? (If yes, please	specify company nai	me and trading			
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.)	symbol.):							No	Yes	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.)			tal or political official in either	r the U.S. or a fore	ign jurisdiction? (If y	res, identify the name	e of the official,			_
Reference 1:	trading and accour	et authority.) se whether the	☐ Yes ☐ Noapplicant is a shell compan			<u> </u>				nt conferring
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 marker fluctuations. (Note that a secondary investment objective is not required). Select One Primary Investment Objective with Your Associated Risk Tolerance (Check one box only) Capital Preservation Income Low Moderate High Income Low Moderate High Moderate High Moderate	Reference 1:		Referenc	e 2:		Reference 3:				
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 marker fluctuations. (Note that a secondary investment objective is not required). Select One Primary Investment Objective with Your Associated Risk Tolerance (Check one box only) Capital Preservation Income Low Moderate High Income Low Moderate High Moderate High Moderate	Customer Inve	estment Ob	iectives and Risk To	lerance						
Your Associated Risk Tolerance (Check one box only) Capital Preservation You may not choose a secondary investment objective if you select Capital Preservation. Income Low Moderate High Income Low Moderate High Growth Moderate High Growth Moderate High Speculation High Speculation High	Select the categoriaccount. Different irisk that you could	ies that best of nvestment prod d lose some	describe your investment obducts and strategies involve or all of your investment.	pjectives (and if joe different degrees Investments shou	of risk. The greate	r the expected return	ns of a product	or stra	tegy, the	e greater the
Preservation Low objective if you select Capital Preservation. Income Low Moderate High Growth Moderate High Growth Speculation High Speculation	Your A)
Growth	Preservation		objective if you select Ca	pital Preservation.						
Speculation		Low	_			Low	_			
			☐ Moderate				☐ Modera	ate		
	Speculation			☐ High	Speculation					I riign
	O-mitted B		and the second and th		tetral transcription and the con-	and the second s	A marked to be a few	4 - 44 - 1	-4 - 1-	- 4

- 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.

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Customer Financial Information						
Financial Information - Primary App			Di	a tha Callanda a ann a Cana a bandan		
The more we know about you and your goals f experience and financial situation to help us de					our investment	
Investment Experience (Include Years of Experience)	Annual Income ¹	N	let Worth ²	Liquid Net Worth ³	Federal Tax Rate	
□ Stocks	(From all Sources) Under \$25,000		sive of Residence) or \$50,000	(Cash, Securities, etc.) ☐ Under \$50,000		
Bonds	□ \$25,000-\$49,999		000-\$99,999	□ \$50,000-\$99,999	□ 10% □ 12%	
☐ Options	□ \$50,000-\$99,999		,000-\$249,999	\$100,000-\$249,999	☐ 22%	
☐ Commodities	□ \$100,000-\$249,999 □ \$250,000-\$499,999		,000-\$499,999 ,000-\$999,999	□ \$250,000-\$499,999 □ \$500,000-\$999,999	□ 24%	
☐ Mutual Funds	□ \$500,000-\$499,999 □ \$500,000-\$999,999		00,000-\$999,999	□ \$1.000.000-\$999,999	□ 32%	
Other (List)	□ \$1,000,000-\$3,000,000 □ Over \$3,000,000		\$3,000,000	☐ Over \$3,000,000	□ 35% □ 37%	
Financial Information – Co-Applicar	nt (If applicable)					
Investment Experience	Annual Income ¹		Net Worth ²	Liquid Net Worth ³	Federal	
(Include Years of Experience)	(From all Sources)		usive of Residence)	(Cash, Securities, etc.)	Tax Rate	
□ Stocks	☐ Under \$25,000	☐ Unc	ler \$50,000	☐ Under \$50,000	□ 10%	
Bonds	□ \$25,000-\$49,999 □ \$50,000-\$49,999		,000-\$99,999	□ \$50,000-\$99,999	12 %	
Options Commodities	□ \$50,000-\$99,999 □ \$100,000-\$249,999		0,000-\$249,999 0,000-\$499,999	□ \$100,000-\$249,999 □ \$250,000-\$499,999	□ 22%	
☐ Futures	□ \$250,000-\$499,999		0,000-\$999,999	□ \$500,000-\$999,999	2 4%	
☐ Mutual Funds	□ \$500,000-\$999,999		000,000-\$3,000,000	□ \$1,000,000-\$3,000,000	□ 32%	
□ Other (<i>List</i>)	□ \$1,000,000-\$3,000,000 □ Over \$3,000,000	Ove	er \$3,000,000	□ Over \$3,000,000	□ 35% □ 37%	
Additional Customer Information (Co	ombine Information for Joint A	ccounts)			·	
Annual Expenses ⁴	Special Expenses	5				
(Recurring)	(Future/ Non-Recurrir			Description of Terms		
☐ \$50,000 and under	□ \$50,000 and under	-		ncludes income from sources such ty, investment income, etc.	as employment,	
,	\$50,001-100,000		* '		_	
\$50,001-100,000			Net worth is the va	alue of your assets minus your liabilitie	liabilities. For purposes	
\$100,001-250,000	1 \$100,001-250,000	securities bank accounts and other personal pro-				
\$250,001-500,000	☐ Over \$250,000		primary residence am	ong your assets. For liabilities, include	clude any outstanding	
☐ Over \$500,000				nces, taxes, etc. Do not include your not your net worth minus assets that can		
The investments in this account will be: (Check one)	Timeframe for Special Ex	penses	quickly and easily into property and automo	o cash, such as real estate, business obiles, expected inheritances, assets	equity, personal earmarked for	
☐ Less than 1/3 of my financial portfolio	Special Expense:		1 1 1	nvestments or accounts subject to subsassets were withdrawn from them.	stantial penalties	
	☐ Within 2 years		4 Annual expenses	might include mortgage payments,	rent, long-term	
☐ Roughly 1/3 to 2/3 of my financial portfolio	☐ 3-5 years		debts, utilities, alimon	y or child support payments, etc.		
	☐ 6-10 years		⁵ Special expenses	might include a home purchase, remod	nome purchase, remodeling a home, a	
☐ More than 2/3 of my financial portfolio	☐ 11 years or more		car purchase, education	on, medical expenses, etc.		
Investment Time Horizon - When is the earlies Under 3 years 3-5 years 6-10 years						
I plan to use this account for the follow	ring (Check all that apply)	Wha	at is your source of	funds for this account (Check a	ll that apply)	
☐ Generate income for current or future expe	nses	☐ Inc	ome from Earnings			
☐ Partially fund my retirement		☐ Inv	estments/ Transfer fro	om Brokerage Account		
☐ Wholly fund my retirement		☐ Giff	t			
☐ Steadily accumulate wealth over the long te	rm		e of Business or Real	l Estate		
☐ Preserve wealth and pass it on to my heirs	****		eritance			
Pay for educational expenses			nsion/ IRA/ Retiremen			
			ouse/ Parent/ Relative			
☐ Market speculation			gal/ Insurance Settlem	nent		
Other:			tery/Gaming ner:			
		_ Oii				

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			e consider providing us votes of investments or str						
(Use additional pages		on and the typ	bes of investments of str	ategies ti	nat may be	арргорпате тог	your total ii	ivesiment po	ortiono.
Investment T	ype/Description	on	Firm Hold	ina Your	Investmen	ıt		Amoun	t of Investment
investment i	урельезопри			ing roun	mvestmen	<u> </u>	\$	Amoun	t or investment
							\$		
							,		
							\$		
5. Account Fu	inding								
☐ Enclosed is a c	heck in the am	ount of \$		(/\	Лаке check	payable to Hill	top Securit	ies Inc.)	
☐ Enclosed is/are	security certif	icate(s). (Plea	ase endorse all certificat	es on th	e back exac	ctly as they are	registered	on the front.	.)
☐ Enclosed is an A	ACAT Form an	d a copy of m	y most recent statement	to transf	er 🗖 ALL o	or D PART of n	ny account	from	·
Funded by wire	transfer in the	amount of \$_		·	Other _				·
		or Entitie	es Only. (Accounts o	wned by	an entity, fo	or example, Cor	poration, L	LC, Non-prof	it organization,
Partnership, Corpora	ite Trustee)								
The following are the	only sweep in	structions avai	ilable for accounts owne	d by an e	entity:				
☐ Sweep to Bank I	Insured Deposi	it (FDIC Insure	ed Deposit Account)						
Sweep to Dreyfu	us General Gov	ernment Fund	t						
Sweep to Federal	ated Govt Obli	gations CS Fu	nd						
☐ Credit Interest, S	Sweep Decline	d							
7. Sweep Acc	ount Inst	ructions (For All Other Types of A	ccounts)					
•	•	,	ed Deposit Account)			Federated Cal			
Sweep to Dreyfu			nd			Federated Nev			
☐ Sweep to Dreyfu☐ Sweep to Dreyfu			4			Federated Gov			
☐ Sweep to Dreyfu					☐ Sweep to Federated Muni Obligations CS Fund ☐ Sweep to Federated Prime Obligations CS Fund				
☐ Credit Interest, S			unu	•	■ Sweep to	i ederated i ili	ne Obligati	ons os i uno	1
Optional Payout Ins	•		ion 6 and 7:						
			o make a selection, you	may sele	ect only ONE	≣):			
			ld principal in Account						
☐ Send ACH (Fo	r Dividends O	nly)							
Money Instruction Send Sales pro	` ,		election, only ONE optio	n is avail	able):				
									uthorize HTS to retain the
									e products available under unt disclosures please see
the Customer Inform	ation Brochure	. Refer to the	money market fund pros	pectus f	or more con	nplete informati	on, includir	ng terms, ma	nagement fees, prevailing
							•		Deposit, that I will review
									eep-account-disclosure/. I will be mailed to me. My
selections under thi									rding my sweep account
participation.			h (Diagon wood and six	مراحط مر	. :6	h to tunda au			
o. wargin/Snort	Account A	agreement	t (Please read and sig	n below	v ii you wis	n to trade on	margin.)		
			ived a copy of the HTS N						
			agree to be bound by th AT I AM CAPABLE OF I						ks associated with trading AL RISKS AND
	-		AS I HAVE REQUESTE		-,-				
x					Y				
Primary Applicant	s Signature		Date		Co-App	olicant's Signatu	ıre		Date
9. Option Accou	ınt Agreem	ent (Please	e read, complete and	sign bel	ow if you w	ish to trade o	n options.	.)	
Investment O	•		rior Option	т.	Prior Op		0		tion Trading
(See Descriptions	on Page 2)	_	vity Has Been o Activity		rading Fre		Occ	Cash	hat Account Type
☐ Income			uying			-		Margin	
☐ Speculat	ion		riting					Both	
		□ Ui	ncovered (Sales)		Active			Neither	

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Option Strateg	y Levels Requested: (Cl	neck the strategy level that you w	rish to utilize in this accoun	t)	
☐ Level	1: Covered Call Writing –	Writing calls fully covered by und	derlying stock or security co	onvertible into underlying	stock.
	2: Level 1 plus buying cal	s and/or puts.			
☐ Level	3: Levels 1 and 2 plus put	writing, spreads and straddles. ((Note: Requires the use o	of margin)	
☐ Level	4: Levels 1, 2 and 3 plus	uncovered call writing. (Note: Re	quires the use of margin)	
have read, unde awareness due	erstand and agree to be bo to the short life and price	ve received a copy of the HTS O ound by the terms. I feel that I have volatility of options. I REPRESE THE OPTION STRATEGIES AS I	ve sufficient knowledge to ENT THAT I AM CAPABL	invest in options and I re	present that I will maintain extra
X			X		
	cant's Signature	Date	Co-Applicant's	Signature	Date
10. Account	t Agreement and	Special Instructions (Please read and sign)		
received, read a and that you agr	nd understood the Hilltop ee to be bound by the terr	dvisor maintain a brokerage acc Securities Inc. (HTS/Firm) Cash ns and conditions of the Agreem Il contact your Financial Advisor r	Account Agreement (Agreemt that apply to your broken	eement) section of the C kerage account, as is cur	ustomer Information Brochure rently in effect and as may be
the sweep accou you either declin- agree to be bou writing should yo	unt option you have selecte e a sweep account option, nd by all terms as containe ou wish to change your swe	orize HTS to invest or transfer on ed or, alternatively, to retain any make no sweep selection, or hav ed in the Customer Information E ep account selection, decline par in the selected sweep option to a	excess cash balances in over an ineligible account. You are relating to sweep accounts in a sweep account.	CIP, except for IRAs or q ou also acknowledge that o accounts. You agree to unt option, or elect to part	ualified retirement plans, should you have read, understand, and notify your Financial Advisor in ticipate in a sweep account. You
balance is being	g maintained in your accontected by the Securities Ir	r intention to reinvest cash credit unt solely for the purpose of re nvestor Protection Corporation (S	investment. You acknowle	edge your understanding	that cash balances of up to
customers who	o are beneficial owners of	xchange Act, a broker is require that issuer's securities unless the hinformation.			•
We are require securities (for the default account Information Brought Settlement date the Internal Remailton Securities Market Discount as	d to report your cost basis, ransition of specific securititing method on all lots sold ochure. Please note that if a of the trade as to which levenue Service Cost Basis as Inc. default bond reportir Discount Election- Hilltop Sati accrues. If you made an	short term and long term capital es, see your Customer Informatic unless you notify us to use an a you wish a specific tax lot to bot you wish sold. (Please refer to Regulations can be found on the	on Brochure). Hilltop Secuniternate cost basis accourse sold, you will need to not your Customer Information IRS website at http://www.on.of Market Discount. Ple of include market discount in the process of the proce	rities Inc. will use the First nting method, pursuant to otify your Financial Advis- on Brochure for additional w.irs.gov.) Please see be ase select this box if your in income as it accrues, you	t In First Out (FIFO) cost basis instructions in your Customer sor in writing on or before the al details. For further reference low selections to change from want to Recognize Market ou must notify Hilltop Securities
		on- Hilltop Securities Inc. uses the e (Ratable) Calculation method. (F		· ·	arket Discount. Please select
	emium- Hilltop Securities Ir er to the IRS Publication 55	nc. amortizes taxable Bond Premi 0).	ium. Please select this box	if you do not want to ame	ortize taxable Bond Premium.

Tax Withholding CertificationsPlease check all boxes that apply, and sign and date in Section 11:

Primary Applicant	Co-Applicant	
	٥	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.
		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.
		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.

For Office Use Only: Ac	oct. #	Office#:	Reg. Rep#:	Name for Filing	
		United States Financial In	nstitution (USFI): By selecting this packup withholding and certify that	s box you indicate that yo	
		Please note that exempt information on exempt paye	ot payee code is required. Ple ee codes.	ease see http://www.irs.g	gov/pub/irs-pdf/fw9.pdf for
		Exemp	ot payee code		
official communications its capacity as trustee;	s concerning municip (c) a state or federa	oal securities, if relevant, to (a	of their names, security position(a) an issuer of municipal securitied dy agent for a stripped coupon mud G-15(g)(iii)(A).	s; (b) a trustee for an issu	e of municipal securities in
death vest in and belor The Internal Revenue	ng to the surviving pa Service does not re	arty as his or her separate propequire your consent to any p	the death of one party to a joint perty and estate. provision of this document other twing link: http://www.irs.gov/pub/irs	than the certifications req	
Agreement terms as acknowledge that I had Information Brochure accurate and I am awa	contained in the Cuave read and underse and agree to resoure that the information	ustomer Information Brochur stand the pre-dispute arbitr olve any disputes arising o	whedge that I have read, understate, that I acknowledge receiving ration clause contained in the Cout of my account by arbitraticial advisor in servicing my accour or investment objectives.	g at the time the account Cash Account Agreement ion. I certify that the fore	it was opened. I further t section of the Customer egoing client information is
11. Customer S	Signatures				
x			X Co-Applicant's Signature		
Primary Applicant's	s Signature	Date	Co-Applicant's Signature		Date
Primary Applicant's	Printed Name		Co-Applicant's Printed Na	ame	
		FOR BROK	KERAGE USE ONLY		
Characteristics and Risks of	of Standardized Options		Customer Information Brochure De	elivered:	
Characteristics and Risks of Special Statement for Unco	·	Delivered: / /		elivered:	
Special Statement for Unco In my capacity as Regis financial condition, investm	overed Option Writers D stered Options Princip nent objective(s) and in	Delivered:/	Customer Information Brochure Do Privacy Policy Delivered: S Copies of all Written Agreements I		
In my capacity as Regis financial condition, investm basis feel the following leve	overed Option Writers D stered Options Princip nent objective(s) and in	Delivered: / / Delivered: / / al, I have reviewed the client's vestment experience, and on that or this client:	Customer Information Brochure Do Privacy Policy Delivered: S Copies of all Written Agreements I		
Special Statement for Unco In my capacity as Regis financial condition, investm basis feel the following leve	overed Option Writers Destered Options Principenent objective(s) and inveloped for trading is suitable for the Desterminant of	Delivered: / / Delivered: / / al, I have reviewed the client's vestment experience, and on that or this client:	Customer Information Brochure De Privacy Policy Delivered: Copies of all Written Agreements Interest.		// /

Financial Advisor's Printed Name

Principal's Signature

Principal's Printed Name

Registered Options Principal Printed Name

Office #:_____ Rep #:_____ Account #:_

Date