| or Office Use Onl | v: Acct.# | Office: | Reg. Rep: | Name for Fil |
|-------------------|-----------|---------|-----------|--------------|



Successor Custodian Authorized Signature

Hilltop Securities Inc. and/or Broker/Dealers for which it clears

| □ CO=Corporate | □ EI=Ed. IR |
|----------------------|-------------|
| □ CT=Co-Trustee | ES=Estat |
| CU=Custodian | □ HSA |
| □ DR=Direct Rollover | □ IR=IRA |
| | |

FOR BROKER USE ONLY

☐ El=Ed. IRA

☐ HTS to HTS Transfer ONLY ☐ Broker Change ONLY

| A Hilltop Holdings Company. Hill | Iltop Securities Inc. Member NY | SE/FINRA/SIP | 'C | | | | |
|---|---|-----------------------|---|-------------------------------------|--|---------------------------------------|--|
| | Acco | unt Tre | ansfo | r Form | | | |
| the comments forms for each account. | | unt Tra | | | · · · · · · · · · · · · · · · · | - f : fi otoilo | |
| Use a separate form for each account y | | | | | | r for specific details. | |
| 1. HTS Account Information. | | | | | | | |
| Name as it appears on your HTS accou | ınt: | | | | Primary SS/Tax ID #: | | |
| HTS Account Number (if applicable): _ | | | | | Secondary SS#: | | |
| 2. Transferring Account Info | rmation. (Refer to you | ır statement | t for the | following information | on.) | | |
| | | | | | | | |
| Name as it appears on transferring account* | | | | | | Transferring Account Number | |
| Name of Transferring Firm | | | | Firm Pho | one Number | Delivering Broker Number | |
| Transferring Firm's Address *If your HTS account is not the same type of a | account as the one you are tran | | City nust compl | State/Prolete the Letter of Authori | • | Zip nis form. | |
| What types of assets are held in your tr | · _ | - | pply.) | _ | | | |
| ☐ Common Stocks ☐ Option | | Cash | - , | ☐ Margin Debit | | | |
| ✓ Mutual Funds✓ Govern* HTS will not accept limited partnerships or | | Corporate B | 3onds | ☐ Foreign Secu | ırities (May be asses | ssed an additional charge.) | |
| 3. Transfer Instructions. (Ple | · · · | B or C.) | | | | | |
| ☐ A. Transfer my ENTIRE accou | | | ncludes | all assets held in | vour account.) | | |
| ☐ B. Transfer only PART of my | · | | | - | 700. 0000, | | |
| Asset Description | Transfer (s | | to you n | Asset Descri | | | |
| · | ☐ All | , , | | | □ All | | |
| | # of Shares | | # of Shares | | | ☐ # of Shares | |
| | # of Shares | i | | ☐ # of Shares | | | |
| ☐ C. Mutual Fund Company Tra | nsfer. (Use a separate | form for ear | ch mutu | al fund company.) | | | |
| Name of Fund Company: | | | | <u> </u> | | | |
| Name of Fund | Fund Account # | R | egistratio | n (select one) | Dividend | Capital Gains | |
| Name of Fund | Fullu Account # | Liquidate | or | In Kind Transfer | (select one) | (select one) | |
| | | ☐ Liquidate # | # | ☐ Transfer all☐ Transfer # | □ Reinvest□ Pay in Cash | ☐ Reinvest☐ Pay in Cash | |
| | | ☐ Liquidate a | all | ☐ Transfer all | ☐ Reinvest | ☐ Reinvest | |
| | | ☐ Liquidate a | | ☐ Transfer # | ☐ Pay in Cash☐ Reinvest | ☐ Pay in Cash☐ Reinvest | |
| | | Liquidate # | | Transfer # | Pay in Cash | Pay in Cash | |
| 4. Attach a Copy of Your Mos | st Recent Statemen | t for the | Transf | erring Account | | | |
| Please be sure to attach a copy of your most | | | | | | | |
| 5. Please Read and Sign this | Section. | | | | | | |
| If this account is a qualified retirement account, I have | | | | | | | |
| please transfer all assets in my account to HTS. I un timeframes required by NYSE Rule 412 or similar rul | le of FINRA or other designated exa | amining authority. | . Unless oth | herwise indicated in the in | nstructions above, I autho | orize you to liquidate any | |
| nontransferable proprietary money market fund a fees due you from the credit balance in my account. | assets that are part of my account | t and transfer the | e resulting | credit balance to the succ | cessor custodian. I author | rize you to deduct any outstanding | |
| you to liquidate the assets in my account to the exter | nt necessary to satisfy that obligation | on. If certificates o | or other instr | ruments in my account are i | in your physical possessior | n, I instruct you to transfer them in | |
| good deliverable form, including affixing any necessareceiving a copy of this transfer instruction, you will or | cancel all open orders for my accour | nt on your books. | s. I affirm that | t I have destroyed or return | ed to you credit/debit cards | s and/or unused checks issued to me | |
| in connection with my securities account. If requesting | ig a transfer of a retirement plan I ad | cknowledge that | I understand | d and meet all necessary re | equirements for the transfer | r. | |
| X | | | | | Signature Gu | aranteed By: | |
| Applicant's Signature | Date | | | | | | |
| X | | | | | | | |
| Co-Applicant's Signature | Date | | | | | | |
| Delivering Agents - Please refer to the reve | | N | Medallion Signature Guarantee Program (if applicable) | | | | |
| Letter of Acceptance - To the prior trustee: | Please be advised that Hilltop 5 | Securities Inc. | does here | | | | |
| x | | | | | | | |

Financial Advisor's Name

Rep#

Office #

Date

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 Advisor's Name: Office #: 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, Applicant's Signature Co-Applicant's Signature Completion of this form does not guarantee acceptance by delivering firm. Please contact the firm you are transferring your account from as indicated in IMPORTANT: 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. FOR BROKER USE ONLY **Receiving Firm Information** Name and Address Tax ID Number Fax Number Hilltop Securities Inc. 75-1382137 (214) 859-1828 1201 Elm Street. Suite 3500 Dallas, TX 75270-2180 **Delivery Instructions** All deliveries MUST include client name and HTS account number. **Dividend Reinvestment or Close-End Mutual Funds Option Instructions Depository Trust Company** Transfer all full shares. Liquidate Fractions and send a check. DTC Clearing Number: 0279 OCC# 0279 Checks **ACAT Physical Delivery of Securities** Canadian Local Market: CUID: RBCT Account#: T12213111 Hilltop Securities Inc. Physical Delivery- 0279 NY Envelope, NSCC/SIAC JPM Chase FAO: Southwest Securities Dealersphyclear@hilltopsecurities.com Attn: Receipts Department Euro clear: JPMChase/Southwest # 16867 REF: Account Number Email: DealersEuroclear@hilltopsecurities.com 1201 Elm Street, Suite 3500 **Physical Delivery of Securities** Global Custodian BIC: MGTCBEBE Dallas, TX 75270 Hilltop Securities Inc. Attn: Stock Transfer Department **Fed Wired Funds Mutual Funds Registration** REF: Account Number 1201 Elm Street, Suite 3500 JP Morgan Chase Bank, N.A. Hilltop Securities Inc. 270 Park Avenue FBO: Name & Account Number Dallas, TX 75270-2180 P. O. Box 509002 New York, NY 10017-2070 Dallas, TX 75250 ABA # 021000021 Hilltop Securities Inc. Fed-Entry Securities A/C 08805076955 FFC: Name & Account Number @ Hilltop BK OF NYC/HILLTOP ABA #021000018 Attention: Settlement Dept. FedDealers@hilltopsecurities.com International Wires Same Above Instructions and add SWIFT address: CHASUS33 **Letter of Acceptance** To the prior trustee: Please be advised that Hilltop Securities Inc. does hereby accept appointment as successor custodian. Successor Custodian Authorized Signature Financial Advisor's Name Office # Date Rep#

Account Transfer (10/05/2015) ©2015 Hilltop Securities Inc.