



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

New Account  
 Account Update

## Coverdell Education Savings Account Application

### 1. Funding Information

Regular Contribution for tax year: \_\_\_\_\_  ESA Rollover (Must also complete ESA Rollover Form)  
 Transfer from another ESA (Must also complete Account Transfer Form)

### 2. Designated Beneficiary Information

Full Name of Applicant (First, Middle, Last) Social Security # Date of Birth (Month/Day/Year)

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

### 3. Responsible Individual's Information

Full Name of Applicant (First, Middle, Last) Social Security # Date of Birth (Month/Day/Year)

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

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

The Responsible Individual (  shall /  shall not) continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 5.02 of the Custodial Agreement.

The Responsible Individual (  may /  may not) change the beneficiary designated under this Custodial Agreement pursuant to Section 6.01 of the Custodial Agreement.

I acknowledge that I am aware that if the designated beneficiary is changed, a new account must be set up.

*(Note: The Responsible Individual may be the Grantor, but generally must be a parent or legal guardian of the Designated Beneficiary.)*

### 4. 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): \_\_\_\_\_

### 5. Customer Profile

**Marital Status:**  Single  Married  Divorced  Widowed **Number of Dependents:** \_\_\_\_\_

**Citizenship Status:**  U.S. Citizen  Resident Alien (**Note: Non-Resident Aliens are NOT permitted to open ESA Accounts.**)

**Country of Citizenship if Non-U.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

**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):		<b>Self</b>	<b>Family Member</b>
<b>A.</b> 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>B.</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
<b>C.</b> A senior military, governmental or political official in either the U.S. or 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

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 \_\_\_\_\_

**Financial Institution References:** Reference 1: \_\_\_\_\_ Reference 2: \_\_\_\_\_

**Customer Investment Objectives and Risk Tolerance**

Select the categories that best describe your investment objectives 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)			
<b>Capital Preservation</b>	<input type="checkbox"/> Low	You may not choose a secondary investment objective if you select Capital Preservation.					
<b>Income</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<b>Income</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Growth</b>		<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<b>Growth</b>		<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Speculation</b>			<input type="checkbox"/> High	<b>Speculation</b>			<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**

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 (Include Years of Experience)	Annual Income <sup>1</sup> (From all Sources)	Net Worth <sup>2</sup> (Exclusive of Residence)	Liquid Net Worth <sup>3</sup> (Cash, Securities, etc.)	Federal Tax Rate
<input type="checkbox"/> Stocks _____	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> 10%
<input type="checkbox"/> Bonds _____	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> 15%
<input type="checkbox"/> Options _____	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> 25%
<input type="checkbox"/> Commodities _____	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> 28%
<input type="checkbox"/> Futures _____	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> 33%
<input type="checkbox"/> Mutual Funds _____	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$1,000,000-\$3,000,000	<input type="checkbox"/> \$1,000,000-\$3,000,000	<input type="checkbox"/> 35%
<input type="checkbox"/> Other (List) _____	<input type="checkbox"/> \$1,000,000-\$3,000,000	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	
	<input type="checkbox"/> Over \$3,000,000			

**Additional Customer Information**

Annual Expenses <sup>4</sup> <i>(Recurring)</i>	Special Expenses <sup>5</sup> <i>(Future/ Non-Recurring)</i>	<u>Description of Terms</u>
<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><b>1 Annual income</b> includes income from sources such as employment, alimony, social security, investment income, etc.</p> <p><b>2 Net worth</b> 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><b>3 Liquid net worth</b> 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><b>4 Annual expenses</b> might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.</p> <p><b>5 Special expenses</b> might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p>
<b>The investments in this account will be:</b> <i>(Check one)</i>	<b>Timeframe for Special Expenses</b>	
<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	<b>Special Expense:</b> _____ <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
		\$
		\$
		\$

**6. Beneficiary Designation**

Name and Address	Birth Date	Social Security #*	Relationship	Beneficiary Type*	Share %*
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____%

**\*Note:** Beneficiaries must have a social security number. In the event of your death, the Primary Beneficiaries will receive the proceeds of your IRA in equal shares or in the specified Share %, if indicated. If no Primary Beneficiary survives you, the Contingent Beneficiaries will receive the proceeds of your IRA in equal shares or in the specified Share %, if indicated. If the Beneficiary Type box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If no beneficiary is listed, the balance in the account shall be paid to your estate. The total % of all Primary Beneficiaries must equal 100%; the total % of all Contingent Beneficiaries, if designated should also equal 100%. If you elect to have a predeceased Primary Beneficiary's proceeds distributed to contingent beneficiaries equally or in the specified Share %, if indicated, instead of equally divided among surviving Primary Beneficiaries, check here.  If you check this option, you must provide the name and social security number of the contingent beneficiary.

**Additional Guidance**

It is in your best interest to seek the guidance of your tax or legal professional before completing this form because of the potentially significant financial and estate planning consequences associated with beneficiaries naming successor IRA beneficiaries. Please see the Death Distribution information contained within your IRA adoption agreement and disclosure. For more information, refer to Internal Revenue Service (IRS) Publication 590 or visit the IRS Website at [www.irs.gov](http://www.irs.gov).

**7. Sweep Account Instructions**

**Cash Investment:** You must make ONE selection below. This type of account may not retain excess cash balances in Credit Interest (CIP). Excess cash balances must sweep to one of the funds or bank insured deposit options below. Applications without a selection will be rejected.

- Sweep to Bank Insured Deposit (FDIC Insured Deposit Account)
- Sweep to Federated Florida Muni Fund
- Sweep to Dreyfus General Money Market Fund
- Sweep to Federated California Muni Fund
- Sweep to Dreyfus General Muni Fund
- Sweep to Federated Minnesota Muni Fund
- Sweep to Dreyfus General Government Fund
- Sweep to Federated New York Muni Fund
- Sweep to Dreyfus General Treasury Prime Fund
- Sweep to Federated Govt Obligations CS Fund
- Sweep to Federated Muni Obligations CS Fund
- Sweep to Federated Prime Obligations CS Fund

The sweep program is provided by HTS to its customers offering you the option of automatically transferring excess cash balances in your securities account to either an account at a bank whose deposits are insured by the FDIC or a money market mutual fund product. A sweep of your excess cash balance allows you to earn interest on the funds while retaining the flexibility to quickly access that cash to purchase securities or withdraw it. HTS may change the products available under the sweep program, however you will receive 30 days notice before certain specified changes are made. For existing accounts, please notify your Financial Advisor if you wish to sweep cash balances to the Bank Insured Deposit, Dreyfus General Money Market Fund, or other selection. Individual retirement accounts and qualified retirement plan accounts may not retain excess cash balances in CIP. Therefore, these specific types of accounts must affirmatively select either the money market fund option or Bank Insured Deposit option.

The Bank Insured Deposit is a program which involves a series of FDIC-insured bank accounts maintained at various participant banks, including PlainsCapital Bank, an affiliate of Hilltop Securities Inc. (HTS). Bank deposits are generally insured up to \$250,000 per account holder, while your IRA and other qualifying self-directed retirement funds on deposit are separately insured up to \$250,000. Balances in Bank Insured Deposit up to \$5 million may be covered depending on the number of participant banks in the program. Account balances in excess of the combined coverage limits of the participant banks will be swept by HTS to a money market fund. A list of participant banks is available at [www.hilltopsecurities.com](http://www.hilltopsecurities.com). Deposits you may have directly placed with any participant bank should be taken into account when assessing your FDIC coverage. If you have a deposit with one of the participant banks that is separate from a balance in the Bank Insured Deposit, please notify your Financial Advisor if the combined deposits are in excess of \$250,000.

I acknowledge that I have been notified of the general terms and conditions of the products available through the sweep program. I acknowledge that the terms and conditions of my sweep selection will be mailed to me. Information regarding FDIC coverage is available at [www.fdic.gov](http://www.fdic.gov). Cash balances invested in the Bank Insured Deposit are not covered by SIPC or excess-SIPC coverage. Please consult your Financial Advisor, as certain types of accounts may not be eligible to invest in the Bank Insured Deposit. HTS or your Financial Advisor may receive a fee or compensation with respect to the Bank Insured Deposit. For more information concerning your cash account options, please contact your Financial Advisor. For complete sweep account disclosures please see the Customer Information Brochure.

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

Investment Objective <i>(See Descriptions on Page 2)</i>	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 Option Writing – Writing calls fully covered by underlying stock or security convertible into underlying stock or writing puts fully covered by cash.
- Level 2:** Level 1 plus buying calls and/or puts.

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 \_\_\_\_\_  
 Responsible Individual's Signature Date

**9. Account Agreement and Special Instructions (Please read and sign)**

You hereby request that your Financial Advisor 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 Advisor regarding any questions that may relate to your account in a timely manner.

By signing this Application, 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 selected above. 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 Advisor should you wish to change your sweep account selection. You also authorize HTS to transfer your interest in the selected sweep option to another product in its sweep program upon 30 days written notice.

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.

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.

**Tax Withholding Certifications**

Please check all boxes that apply, and sign and date below:

Primary Applicant	Co-Applicant	
<input type="checkbox"/>	<input type="checkbox"/>	<b>U.S. Person:</b> Under penalties of perjury, I certify that: <b>(1)</b> the number shown on this form is my correct taxpayer identification number; <b>(2)</b> 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; <b>(3)</b> I am a U.S. person (including a U.S. resident alien); and <b>(4)</b> 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"/>	<b>Certification Instructions:</b> You must check this box if you cannot certify to item <b>(2)</b> 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"/>	<b>Non-Resident Alien:</b> 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.

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).)

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/fw9.pdf>.

In consideration of the firm 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 at the time the account was opened. 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 advisor 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.

Under penalties of perjury, I certify that the above information (including my social security number and the Designated Beneficiary's and Responsible Individual's social security number) is correct. I hereby agree to participate in the Coverdell Education Savings Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Coverdell Education Savings Custodial Account is established and a copy of the Disclosure Statement with respect to this Coverdell Education Savings Custodial Account. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects to treat this contribution as a rollover contribution. If the Responsible Individual Information is completed above, I appoint the above-named person as Responsible Individual with the rights, powers, and responsibilities set out in the Coverdell Education Savings Custodial Account Agreement. The Custodian of this account is Hilltop Securities Inc. Notice of revocation must be delivered or mailed to Hilltop Securities Inc. / 1201 Elm Street, Suite 3500 / Dallas, TX 75270 / Phone #: (214) 859-1800.

**X** \_\_\_\_\_  
Responsible Individual' Signature Date

**X** \_\_\_\_\_  
Responsible Individual' 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:  <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> None  <b>X</b> _____ Registered Options Principal Signature Date  _____ Registered Options Principal Printed Name   Office #: _____ Rep #: _____ Account #: _____	Customer Information Brochure Delivered: ____/____/____ Privacy Policy Delivered: ____/____/____ Copies of all Written Agreements Delivered: ____/____/____  <b>X</b> _____ Financial Advisor's Signature Date  _____ Financial Advisor's Printed Name  <b>X</b> _____ Principal's Signature Date  _____ Principal's Printed Name  <b>X</b> _____ Authorized Signature of Custodian Date  _____ Authorized Printed Name of Custodian
---	--