



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

**WIRE TRANSFER REQUEST & AUTHORIZATION FORM**

This form may serve as a Letter of Authorization (LOA) to wire funds from your Hilltop Securities Inc. account to another financial institution. For same day service on non-third party wires, requests must be received by Hilltop Securities Inc. Cashiering Department by 2:00 PM (CST) during regular business hours. We may need to confirm your instructions prior to processing your request. Third party wires may not receive same day service and are subject to management approval. To avoid delays, complete all required fields.

**CUSTOMER (SENDER) INFORMATION**

Attention:		Requested By:	
Customer Account #:		Wire Amount (U.S. Dollars): \$	
Office Number:	Written Dollar Amount:		
Customer Account Name:		Customer Phone Number:	
Customer Physical Address:		<input type="checkbox"/> Domestic Wire <input type="checkbox"/> Foreign Wire	
Purpose of Wire Proceeds:		Charge Fee To: <input type="checkbox"/> Office # _____	
Relationship of Recipient if a Third Party:		<input type="checkbox"/> Customer <input type="checkbox"/> Rep # _____	

**INTERMEDIARY BANK INFORMATION (If Applicable)**

Intermediary Bank Name:	Bank ABA/ SWIFT/ IBAN/ CLABE Code:
Bank Address:	Country:

**RECIPIENT BANK INFORMATION (Destination/ Beneficiary Bank)**

Recipient Bank Name:	Bank ABA/ SWIFT/ IBAN/ CLABE Code:
Bank Address:	Country:

**RECIPIENT (BENEFICIARY) INFORMATION/ FOR FURTHER CREDIT (Person or Entity Receiving Funds)**  
*(Please ensure that customer ownership documentation is attached if recipient is a related third party domestic entity.)*

Account Name of Recipient:	Recipient Account Number:	
Recipient Physical Address:		
City:	State & Zip Code:	Country:

**SIGNATURES/ APPROVALS**

Customer Signature:	Customer Printed Name:	Date:
Joint Customer/ Authorized Agent Signature:	Joint Customer/ Authorized Agent Printed Name:	Date:
Registered Representative Signature:	Registered Representative Printed Name:	Date:
Authorizer/ Principal Signature:	Authorizer/ Principal Printed Name:	Date:

<b>Required For All Third Party Wires:</b> <input type="checkbox"/> Wire Instructions Verbally Verified with Customer	<b>Third Party Wire Approval</b>	<b>OFAC Screening</b>
	Approving Manager's Signature:	Reviewed By:
Indem <input type="checkbox"/> LOA <input type="checkbox"/> Princ Sig <input type="checkbox"/>	Date:	OFAC Passed <input type="checkbox"/> Contact AML Officer <input type="checkbox"/>