HilltopSecurities
A Hilltop Holdings Company.

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

IRA Recharacterization Form

1. HTS Account Information.

Name: _____   Social Security Number: _____

2. Recharacterization Information. *(Check ONE.)*

❑ A. Full Account: Recharacterize all positions including earnings in my account.

❑ B. Partial Account: Recharacterize the following assets in my account.

   Cash:

   Dollar amount or "All": $ _____

   Assets: (Please provide number of shares. We cannot process the request based on a dollar amount.)

Asset Description	Quantity	Asset Description	Quantity

3. Transaction to Recharacterize. *(Check ALL that apply.)*

❑ Contribution for the Year _____

❑ Conversion for the Year _____

4. Account Information.

Current account:

   Account # _____

   Type of Account *(Check ONE)*:   ❑ Roth IRA   ❑ Traditional IRA

Receiving account:

   Account # _____

   Type of Account *(Check ONE)*:   ❑ Roth IRA*   ❑ Traditional IRA*

*Note: If this is a new account, please complete and attach a new IRA Application.

5. Please Read and Sign.

I hereby elect to recharacterize my IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by Hilltop Securities Inc.

I understand and agree that I am responsible for determining my eligibility to recharacterize within the limits set forth by tax laws, related regulations and plan agreements. Due to the important tax consequences of recharacterizing funds or property, I have been advised to seek the advice of a tax professional. I assume full responsibility for this election and will not hold Hilltop Securities Inc. liable for any adverse consequences that may result. I hereby irrevocably designate the cash and/or property as a recharacterization and assume responsibility for any tax consequences or penalties that may apply to this election.

X_____
Applicant's Signature   Date

FOR BROKER USE ONLY

X_____
Authorized Signature of Custodian   Date