



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

Roth IRA Conversion Form

1. HTS Account Information.

Name: _____ DOB: _____ Social Security Number: _____

2. Traditional IRA Account Information.

Convert the following Hilltop Securities Inc. (HTS) Traditional IRA Account to a HTS Roth IRA Account.

HTS Traditional IRA Account #: _____

Type of Conversion (Check ONE):

- Full Account Conversion: Convert the entire balance of HTS IRA in kind (as is).
- Partial Account Conversion: Convert the following assets in kind (as is).

For partial cash conversions:

Dollar amount or "All": \$ _____

For partial asset conversions: (Please provide the number of shares. We cannot process the request based on the dollar amount.)

Asset Description	Quantity	Asset Description	Quantity

3. Roth IRA Account Information.

Place the conversion in the following HTS Roth IRA Account #: _____

Note: If you do not already have a HTS Roth IRA account established, please complete and attach a Roth IRA Application.

4. Tax Withholding Information. (Check ONE.)

IRS regulations require withholding of Federal Income Taxes from distributions unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. **IF NO ELECTION IS MADE, THE CUSTODIAN MUST WITHHOLD TAXES AT THE REQUIRED RATE (10%).** Penalties may be incurred if your withholding and/or estimated tax payments are not sufficient to cover you actual tax liability.

- I elect to have no tax withheld from my conversion.
- I elect to have withheld _____ from my conversion. (Please note that this withholding amount may be expressed as either a percentage or as a dollar amount and minimum is 10%.)

5. Please Read and Sign.

I understand that I am responsible for determining my eligibility to convert my IRA within the limits set forth by tax laws, related regulations and plan agreements. I hereby authorize and direct Hilltop Securities Inc. to convert my traditional IRA to a Roth IRA as designated above. I assume full responsibility for these elections and understand that I will be subject to income taxes on the amount converted in the year in which the conversion occurs.

If I am over age 70 ½, I certify that I have met the IRS required distribution requirements for the current year. I also understand, if converting a Rollover IRA, that I will forfeit the right to reinvest my Rollover IRA into another employer sponsored plan in the future.

X _____
 Applicant's Signature Date