For Office Use Only: Acct.#	Office:	Rea. Rep:	Name for Filing:	



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

Special Delivery Instructions

	r the following shares from the according to the following shares from the according to the firm response to the f			
1. Account Informati	•	nust go tillough ACA13		
HTS Account Number:		Account Name:		
2. Security Informati	ion.			
Please use this authorizati	on to deliver the following share	es free from the above account:		
Number of Shares	Name of Security	CUSIP/Symbol	DTC Eligible	
			☐ Yes ☐ No	
	-		☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
3. Donor - Gift Inform	nation.	Check here if Not Applicable		
□ Donation Name of OK to release Donor Info □ Gift/Relationship Child Grandchild Sibling Page	f Organization: rmation? □ Yes state relationship by circling of			
Name of firm:				
DTC participant number				
Account number				
Name on account				
Printed Name		Printed Name		
X		_ X		
Signature	Date	Signature	Date	

Joint accounts require signatures from all parties listed on the account.