For	Office	Use	Only
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Reg. Rep. #:

Office #:

## Hilltop Securities Independent Network Inc. - Member: FINRA/SIPC

1201 Elm Street, Suite 3500, Dallas, Texas 75270

HilltopSecurities

# Address Update Form

Please complete and mail this form to the above address, or fax to Broker/Client Services at 214-859-9750.

# 1. Information to Update (Check all that apply)

□ Change an existing address □ Add an additional address □ Request duplicate Statements/Confirmations

2. Account(s) to Update				
Account Number:		Account Number:		
		Account Number:		
3. Existing Address to Chang	Je (if applicable)			
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
4. New Address Information	(if applicable)			
Physical Address - Required (P.O. Box is not a	cceptable)	City	State	Zip
Mailing Address (if different than above; P.O. E	Box is acceptable)	City	State	Zip
New Primary Phone (if applicable)	New Secondary Phone (if applicable)		New Email Address (if applicable)	
5. Duplicate Statements & Co	onfirmations (Check all that	apply)		
🖵 Mail D	uplicate Brokerage Statements	Mail Duplicate Tra	de Confirmations	
Name (if different than current registration)	Compan	y (if applicable)		
Mailing Address		City	State	Zip

## 6. Authorizations

#### Please note: For any account listed in Section 2, all Authorized Individuals (Trustees, Custodians, etc.) must sign below.

By completing this form, I/we give irrevocable authorization to honor the instructions contained herein, and agree to indemnify and hold harmless Hilltop Securities Independent Network Inc. and all of its associates from any liability which may arise from the execution of these instructions.

X	X	
Account Owner's Printed Name	Account Owner's Signature	Date
X	X	
Account Co-Owner's Printed Name	Account Co-Owner's Signature	Date