



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

Trading Authorization Agreement

Use this form to establish Trading Authorization.

1. Trading Authorization Agreement.

I hereby authorize _____, (whose signature appears below) as my authorized ("Agent") to buy, sell (including short sales) and trade in stocks, bonds, put and call options and any other securities and/or contracts relating to the same on margin or otherwise in accordance with HTS's terms and conditions and risk profile for my account. I hereby agree to indemnify and hold HTS harmless from and to pay HTS promptly on demand for any and all losses arising therefrom HTS.

My Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to purchases, sales or trades.

I hereby ratify and confirm any and all transactions with HTS heretofore or hereafter made by my Agent or for my account.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which HTS may have under any other agreement or agreements between me and HTS.

This authorization and indemnity shall remain in full force and effect until revoked by me by a written notice addressed to HTS and delivered to 717 N. Harwood Street, Suite 3400, Dallas, TX 75201. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of HTS and of any successor firm or firms.

2. Authorized Agent Signature.

<p>_____ Authorized Agent Printed Name</p> <p>_____ Date of Birth</p> <p>_____ Social Security #</p>	<p>X _____ Authorized Agent Signature</p> <p>_____ Date</p>
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3. Customer Signature.

<p>_____ Customer Account Number</p> <p>_____ Customer Printed Name</p>	<p>X _____ Customer Signature</p> <p>_____ Date</p>
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New Account
 Account Update

New Account Application Addendum

A New Account Application Addendum(s) must be completed, if there are (1) more than two account applicants, (2) additional persons with trading authority, or (3) for foreign entities having additional beneficial owners with an interest of 10% or more. Please use a separate Addendum for each such person or entity.

1. Account Applicant Not Listed on Primary Application

Account Name on Primary New Account Application: _____

Individual's Capacity with Account/ Entity (i.e. Trustee, Partner, Officer Title, Director, Shareholder, etc.): _____

Percentage of Account/Entity Ownership Interest: _____

2. Customer Information

Name of Applicant/ Custodian (First, Middle, Last) or Business/ Trust/ Entity Name Social Security #/ Tax ID # Date of Birth (Month/Day/Year)

Physical/ Home Address (P.O. Box is not acceptable) City State/ Province Country Zip Years at Residence

Mailing Address (P.O. Box is acceptable if physical address provided above) City State/ Province Country Zip

Home Phone Number Cell Phone Number Fax Number Email Address

3. Customer Identification

USA PATRIOT Act - Important Information About Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will require your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Driver's License Passport/Visa Other _____

Issuer: _____ ID Number: _____

Date of Issuance (If applicable): _____ Date of Expiration (If applicable): _____

4. Customer Profile

Marital Status: Single Married Divorced Widowed Number of Dependents: _____

Citizenship Status: U.S. Citizen Resident Alien Non-Resident Alien (If a Non-Resident Alien, you must provide a valid government-issued photo ID and a completed W-8BEN) Country of Citizenship if Non-U.S.: _____

Employer (If self-employed or retired, specify type of business.) Occupation/Job Title Business Telephone

Employer's Address City State/Province Country Zip

Estimated Net Worth: \$ _____ Annual Income: \$ _____

5. Customer Affiliations and Disclosures

Indicate the affiliation of yourself, your spouse, or any other immediate family members (i.e. parents, siblings, children or in-laws) with the following (Please include name and relationship as is applicable):		Self	Family Member
A. Employed by or associated with the securities industry or a financial regulatory agency? (If yes, please specify the entity name and address to which duplicate account mailings should be sent, as well as including a letter from employer approving this account.):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol.):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
C. A senior military, governmental or political official in either the U.S. or a foreign jurisdiction? (If yes, identify the name of the official, office held, and country.):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
D. Are you an accredited investor as defined in SEC Rule 501 of Regulation D?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

X _____
 Applicant's Signature Date

X _____
 Applicant's Printed Name