For Office Use Only: Acct # Office: Financial Professional: Name for Filing:					
	For Office Use Only: Acct.#	Office:	Financial Professional:	Name for Filing:	



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

New Account
Account Update

New Account Application Addendum

A New Account Application Addendum(s) must be comple (3) for foreign entities having additional beneficial owners						
1. Account Applicant Not Listed on Pri	mary Applic	ation				
Account Name on Primary New Account Application	n:					
Individual's Capacity with Account/ Entity (i.e. Trustee, I	Partner, Officer Tit	le, Director, Sharehold	der, etc.):			
Percentage of Account/Entity Ownership Interest:						
2. Customer Information						
Name of Applicant/ Custodian (First, Middle, Last) or Business/ Tru	st/ Entity Name	Social Security #/ Ta	ax ID #	Date of Birth (I	Month/Da	ny/Year)
Physical/ Home Address (P.O. Box is not acceptable)	City	State/ Province	Country	Zip	Yea	ars at Residence
Mailing Address (P.O. Box is acceptable if physical address provide	d above) C	ity	State/ Province	Country		Zip
Home Phone Number Cell Phone Number	er F	ax Number	Email Address			
3. Customer Identification						
To help the government fight the funding of terrorism and record information that identifies each person who opens address, date of birth and other information that will allow u Driver's License Passport/Visa Other Issuer:	an account. Wha s to identify you. V	it this means to you: Ve may also ask to see	When you open an acc	ount, we wil. other identify	l require ing docu	e your name, uments.
Date of Issuance (If applicable): Date of Expiration (If applicable):						
		Date of Expiration	(ii applicable).			
4. Customer Profile						
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐	☐ Widowed	Number of Depe	ndents:	-		
Citizenship Status: $\ \square$ U.S. Citizen $\ \square$ Resident Alien	☐ Non-Resident	Alien (If a Non-Reside	ent Alien, you must provi	de a valid go	vernmer	nt-issued photo
ID and a completed W-8BEN)	untry of Citizensl	hip if Non-U.S.:				
Employer (If self-employed or retired, specify type of busine	ess.)	Occupation/Job T	itle	Busir	ess Tele	ephone
Employer's Address	City	State/Prov	vince Cou	ntry		Zip
Estimated Net Worth: \$	Annual	Income: \$				
5. Customer Affiliations and Disclosur		.				
					I I	
Indicate the affiliation of yourself, your spouse, or any o laws) with the following (<i>Please include name and relation</i>	nship as is applicat	ole):			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.):					Yes	Yes
B. An officer, director or 10% (or more) shareholder in a publicly-owned company? (If yes, please specify company name and trading symbol.):					Yes	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.):					Yes	Yes
D. Are you an accredited investor as defined in SEC Rule 501				No		
D. Are you are accreated investor as defined in OLO Raic 501	of Regulation D?					
2. The year an accreance investor as admired in SEC Trails SO	of Regulation D?			No	Yes	Yes

Date

Applicant's Printed Name

Applicant's Signature