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

investrade® DISCOUNT SECURITIES
A division of Regal Securities, Inc.
Member FINRA/SIPC

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

FOR BROKER USE ONLY ❑ HTS to HTS **Transfer ONLY** ❑ Broker **Change ONLY**

❑ CO=Corporate ❑ CT=Co-Trustee ❑ CU=Custodian ❑ DR=Direct Rollover
❑ EI=Ed. IRA ❑ ES=Estate ❑ HSA ❑ IR=IRA
❑ JT=Joint ❑ OT=Other ❑ QP=Qual/PS/Pen/Plan ❑ RI=Roth IRA
❑ SI=Simple IRA ❑ SN=Single ❑ TR=Trust
❑ ACAT ❑ Non-ACAT ❑ Partial

Account Transfer Form

Use a separate form for each account you transfer. To roll over from an employer-sponsored retirement plan, see your employer for specific details.

1. HTS Account Information. *(Attach your completed new account application if for a new account.)*

Name as it appears on your HTS account: _____ Primary SS/Tax ID #: _____

HTS Account Number (if applicable): _____ Secondary SS#: _____

2. Transferring Account Information. *(Refer to your statement for the following information.)*

Name as it appears on transferring account* | **Transferring Account Number**

Name of Transferring Firm | Firm Phone Number | Delivering Broker Number

Transferring Firm's Address | City | State/Province | Country | Zip

*If your HTS account is not the same type of account as the one you are transferring, you must complete the Letter of Authorization on the back of this form.

What types of assets are held in your transferring account?* *(Check ALL that apply.)*

❑ Common Stocks ❑ Options ❑ Cash ❑ Margin Debit Balance $ _____
❑ Mutual Funds ❑ Government Securities ❑ Corporate Bonds ❑ Foreign Securities *(May be assessed an additional charge.)*

* HTS will not accept limited partnerships or private placements.

3. Transfer Instructions. *(Please complete section A, B or C.)*

❑ **A. Transfer my ENTIRE account.** *(This is a total transfer which includes all assets held in your account.)*

❑ **B. Transfer only PART of my account.** *(Please specify the assets you wish to transfer.)*

Asset Description	Transfer (select one)	Asset Description	Transfer (select one)
	❑ All ❑ # of Shares _____		❑ All ❑ # of Shares _____
	❑ All ❑ # of Shares _____		❑ All ❑ # of Shares _____

❑ **C. Mutual Fund Company Transfer.** *(Use a separate form for each mutual fund company.)*

Name of Fund Company: _____

Name of Fund	Fund Account #	Registration (select one) Liquidate	**or** In Kind Transfer	Dividend (select one)	Capital Gains (select one)
		❑ Liquidate all ❑ Liquidate #_____	❑ Transfer all ❑ Transfer #_____	❑ Reinvest ❑ Pay in Cash	❑ Reinvest ❑ Pay in Cash
		❑ Liquidate all ❑ Liquidate #_____	❑ Transfer all ❑ Transfer #_____	❑ Reinvest ❑ Pay in Cash	❑ Reinvest ❑ Pay in Cash
		❑ Liquidate all ❑ Liquidate #_____	❑ Transfer all ❑ Transfer #_____	❑ Reinvest ❑ Pay in Cash	❑ Reinvest ❑ Pay in Cash

4. Attach a Copy of Your Most Recent Statement for the Transferring Account.

Please be sure to attach a copy of your most recent statement for the account you are transferring to Hilltop Securities Inc.

5. Please Read and Sign this Section.

If this account is a qualified retirement account, I have amended the applicable plan so that it names Hilltop Securities Inc. (HTS) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to HTS. I understand that to the extent any assets in my account are not readily transferable, with or without penalties, such assets may not be transferred within the timeframes required by NYSE Rule 412 or similar rule of FINRA or other designated examining authority. **Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian.** I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my securities account. If requesting a transfer of a retirement plan I acknowledge that I understand and meet all necessary requirements for the transfer.

X_____
Applicant's Signature Date

X_____
Co-Applicant's Signature Date

Delivering Agents - Please refer to the reverse side of this form for delivery instructions.

Signature Guaranteed By:

Medallion Signature Guarantee Program (if applicable)

Letter of Acceptance - To the prior trustee: Please be advised that Hilltop Securities Inc. does hereby accept appointment as successor custodian.

X_____ _____
Successor Custodian Authorized Signature Date Financial Advisor's Name Rep # Office #

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