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

Investrade®

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 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.*): _____

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.)*:	❑ No	❑ 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.)*:	❑ No	❑ 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.):*	❑ No	❑ Yes	❑ Yes

X _____ Applicant's Signature | Date

X _____ Applicant's Printed Name

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