

Authorized Signature of Custodian

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

## IRA Recharacterization Form

Name: So	cial Security Number:
2. Recharacterization Information. (Check ONE.)	
<ul> <li>A. Full Account: Recharacterize all positions including earnings in my account.</li> <li>B. Partial Account: Recharacterize the following assets in my account.</li> <li>Cash:</li> <li>Dollar amount or "All": \$</li></ul>	
Assets: (Please provide number of shares. We cannot process the re  Asset Description Quantity	quest based on a dollar amount.)  Asset Description Quantity
3. Transaction to Recharacterize. (Check ALL that apply.)	)
Conversion for the Year  * Conversion for the Year  *Not available for Roth Conversions made after December 31, 2017  * Account Information.	
Current account:  Account #  Type of Account (Check ONE):	
5. Please Read and Sign.	
I hereby elect to recharacterize my IRA assets in the manner described about by me is correct and may be relied upon by Hilltop Securities Inc.  I understand and agree that I am responsible for determining my eligibility to laws, related regulations and plan agreements. Due to the important tax con I have been advised to seek the advice of a tax professional. I assume full relilltop Securities Inc. liable for any adverse consequences that may result. I property as a recharacterization and assume responsibility for any tax consequencies.  X	o recharacterize within the limits set forth by tax asequences of recharacterizing funds or property, esponsibility for this election and will not hold hereby irrevocably designate the cash and/or
Applicant's Signature Date	

Date

FOR BROKER USE ONLY