For Office Use Only: Acct.#	Office:	Reg. Rep:	Name for Filing:
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Hilltop Securities Inc. and/or Broker/Dealers for which it clears

Hilltop Securities Inc. - Member: NYSE/ FINRA/ SIPC

New Account
Account Undate

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.

Addendum for each such person or entity.	g additional bo	inchiciai c	WIICIS WILLI	an interest of	1070 01 111010	<i>.</i>	asc ac	oc a separate	
1. Account Applicant Not Listed on Pr	rimary Appl	icatior							
Account Name on Primary New Account Application	on:								
Individual's Capacity with Account/ Entity (i.e. Trustee,	Partner, Officer	Title, Direc	ctor, Shareho	lder, etc.):					
2. Customer Information									
Name of Applicant/ Custodian (First, Middle, Last) or Business/Tr	ant/ Custodian (First, Middle, Last) or Business/ Trust/ Entity Name Social Security #/ Tax ID # Date of						of Birth (Month/Day/Year)		
Physical/ Home Address (P.O. Box is not acceptable)	City	St	ate/ Province	Country	1	Zip	Yea	ars at Residence	
Mailing Address (P.O. Box is acceptable if physical address provide	led above)	City		State/ Province	(Country		Zip	
Home Phone Number Cell Phone Numb	per	Fax Numl	per	Email Addre	SS				
3. Customer Identification									
USA PATRIOT ACT TO help the government fight the funding of terrorism are record information that identifies each person who open address, date of birth and other information that will allow a Driver's License Passport/Visa Other	nd money launde s an account. W	ering activ hat this n	ities, Federal neans to you	l law requires all i: When you opei	financial institu n an account, v	we will	I require	your name,	
lssuer:									
Date of Issuance (If applicable):				n (<i>If applicable</i>):					
4. Customer Profile									
Marital Status: ☐ Single ☐ Married ☐ Divorced Citizenship Status: ☐ U.S. Citizen ☐ Resident Alien ID and a completed W-8BEN) C	n 🗖 Non-Reside	ent Alien (I	f a Non-Resi	endents:	ust provide a va	•		nt-issued photo	
Employer (If self-employed or retired, specify type of business.) Occupation/Job Title						Business Telephone			
Employer's Address	City		State/Pr	ovince	Country			Zip	
Estimated Net Worth: \$	Anni	ual Income	e: \$						
5. Customer Affiliations and Disclosu	res								
Indicate the affiliation of yourself, your spouse, or any laws) with the following (Please include name and relation			mbers (i.e. µ	parents, siblings,	children or in-		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 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.):									
					me and trading				
						No	Yes	Yes	
C. A senior military, governmental or political official in eith office held, and country.):	er the U.S. or a fo	oreign juriso	diction? (If yes	s, identity the name	e ot the official,				
						No	Yes	Yes	
X			Х						

Date

Applicant's Printed Name

Applicant's Signature