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



1072 S. De Anza Blvd. Suite A-205. San Jose. CA 95129

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IU/2 3. DE Aliza DIV	u. Suite A-203, Sail 3056, CA 3312	
Γel: 408-996-1118	Toll Free: 888-666-6551	
Fax: 408-996-1116	Fmail: info@infi biz	

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 □ SI=Simple IRA □ ACAT
□ SN=Single □ Non-ACAT
□ TR=Trust □ Partial ☐ RI=Roth IRA

Member. N	1 SE/FINKA/SI	FC					
				sfer Forn			
Use a separate form for each account you 1. HTS Account Information.							er for specific details.
Name as it appears on your HTS accour							
HTS Account Number (if applicable):					5	Secondary SS#:	
2. Transferring Account Infor	mation.	(Refer to you	r statement fo	r the following in		· · · · · · · · · · · · · · · · · · ·	
<u> </u>		, ,				,	
Name as it appears on transferring account*							Transferring Account Number
Name of Transferring Firm					Firm Phone	Number	Delivering Broker Number
Transferring Firm's Address *If your HTS account is not the same type of a	account as the	one you are tra	City nsferring, you mu	st complete the Let	State/Provi		
What types of assets are held in your tra	nsferring acc	count?* (Check	k ALL that apply	.)			
☐ Common Stocks ☐ Options			Cash		rgin Debit B	•	
■ Mutual Funds■ Govern* HTS will not accept limited partnerships or	ment Securit		Corporate Bon	ids 🖵 For	eign Securi	ties (May be asse	ssed an additional charge.)
3. Transfer Instructions. (Plea			B or C.)				
☐ A. Transfer my ENTIRE accoun				udas all assats	held in you	ur account)	
						ar account.)	
B. Transfer only PART of my a Asset Description	ccount. (F	Transfer (s			isrer.) set Descript	ion	Transfer (select one)
Asset Description		☐ All ☐ # of Shares		7 loost Booshphon		1011	☐ All ☐ # of Shares
	☐ All ☐ # of Shares				☐ All ☐ # of Shares		
☐ C. Mutual Fund Company Tran	nsfer. (Use	a separate f	orm for each	mutual fund coi	mpany.)		
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Name of Fund	Fund Account #		Liquidate or In Kind T		ransfer	(select one)	e) (select one)
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4. Attach a Copy of Your Mos							
Please be sure to attach a copy of your most r		ent for the accou	nt you are transfe	erring to Hilltop Sec	urities Inc.		
5. Please Read and Sign this f this account is a qualified retirement account, I have		oplicable plan so th	nat it names Hilltop S	Securities Inc. (HTS) as	s successor cus	todian. Unless otherw	ise indicated in the instructions above
please transfer all assets in my account to HTS. I und imeframes required by NYSE Rule 412 or similar rule ontransferable proprietary money market fund as ees due you from the credit balance in my account. If o liquidate the assets in my account to the extent nee leliverable form, including affixing any necessary tax eceiving a copy of this transfer instruction, you will can on connection with my securities account. If requesting	erstand that to the of FINRA or other sets that are part of my account doesessary to satisfy waivers, to enablancel all open order.	e extent any asset er designated exar art of my account is not contain a cre that obligation. If c e the successor cu lers for my account	is in my account are mining authority. Unl and transfer the re dit balance, or if the certificates or other it istodian to transfer to nyour books. I affit to the minimum to the control of the control	not readily transferabless otherwise indica sulfting credit balance c credit balance in the a nstruments in my accounts in its name for the firm that I have destroy	e, with or withouted in the instret to the succestaccount is insuffunt are in your per purpose of salved or returned to	ut penalties, such asse ructions above, I auth isor custodian. I auth icient to satisfy any ou physical possession, I le, when and as direct to you credit/debit card	tes may not be transferred within the norize you to liquidate any orize you to deduct any outstanding tstanding fees due you, I authorize instruct you to transfer them in good ed by me. I understand that upon is and/or unused checks issued to n
x						Signature G	iuaranteed By:
Applicant's Signature		Date	_				
X							
Co-Applicant's Signature Delivering Agents - Please refer to the reve	rse side of this	Date form for deliver	y instructions.		Med	allion Signature Gua	rantee Program (if applicable)
Letter of Acceptance - To the prior trustee:	Please be adv	ised that Hilltop	Securities Inc. do	oes hereby accept a			
Successor Custodian Authorized Signature		Date		Financial Professional	's Name	Financial Professi	onal# Office #

Letter of Authorization Please complete if the type of account in Section 1 is different than that in Section 2. To Hilltop Securities Inc.: I hereby authorize the following transfer of assets: TRANSFER FROM: Delivering Firm: Account Number: Account Title: TRANSFER TO: HTS Account Number: Account Title: I understand this transfer constitutes a change in the ownership of the assets and that the new registered account holders will have exclusive rights to the assets. All authorized signers on the account being transferred are required to sign. Sincerely, Applicant's Signature Date Co-Applicant's Signature Completion of this form does not guarantee acceptance by delivering firm. Please contact the firm you are transferring your account from as indicated in IMPORTANT: Section 2 to confirm acceptance of the Letter of Authorization. ! Did You . . . • Include a copy of your most recent transferring account statement with your account name clearly shown? • Complete Sections 1 and 2 in full? • Make sure that the type of account in Section 1 matches the type of account in Section 2? (If not, please fill out the Letter of Authorization.) • Complete the appropriate boxes in Section 3? • Sign in Section 5 if you are an account holder or trustee? • Know to allow 3-6 weeks for your transfer to be completed. Time required to complete your transfer is influenced by industry rules and regulations. FOR BROKER USE ONLY **Receiving Firm Information** Name and Address Tax ID Number Fax Number (214) 859-1828 Hilltop Securities Inc. 75-1382137 717 N. Harwood Street, Suite 3400 Dallas, TX 75201 **Delivery Instructions** All deliveries MUST include client name and HTS account number. Dividend Reinvestment or Close-End Mutual Funds **Option Instructions Depository Trust Company** Transfer all full shares. Liquidate Fractions and send a check. OCC# 0279 DTC Clearing Number: 0279 Foreign Custody Checks **ACAT Physical Delivery of Securities** Canadian Local Market: CUID: RBCT Account#: T12213111 Hilltop Securities Inc. Physical Delivery- 0279 NY Envelope, NSCC/SIAC JPM Chase FAO: Southwest Securities Attn: Receipts Department Dealersphyclear@hilltopsecurities.com Euro clear: Client Ref: Hilltop Securities Inc. A/C: 78032 RFF: Account Number Email: DealersEuroclear@hilltopsecurities.com 717 N. Harwood Street, Suite 3400 **Physical Delivery of Securities** Dallas, TX 75201 Global Custodian BIC: MGTCBEBE Hilltop Securities Inc. Attn: Stock Transfer Department Fed Wired Funds **Mutual Funds Registration** RFF: Account Number JP Morgan Chase Bank, N.A. Hilltop Securities Inc. 717 N. Harwood Street, Suite 3400 270 Park Avenue FBO: Name & Account Number Dallas, TX 75201 New York, NY 10017-2070 P. O. Box 509002 ABA # 021000021 Dallas, TX 75250 Hilltop Securities Inc. A/C 08805076955 **Fed-Entry Securities** FFC: Name & Account Number @ Hilltop BK OF NYC/HILLTOP Attention: Settlement Dept. ABA #021000018 FedDealers@hilltopsecurities.com International Wires Same Above Instructions and add SWIFT address: CHASUS33 **Letter of Acceptance** To the prior trustee: Please be advised that Hilltop Securities Inc. does hereby accept appointment as successor custodian. Successor Custodian Authorized Signature Date Financial Professional's Name Financial Professional# Office

Account Transfer (5/21/2021) ©2021 Hilltop Securities Inc