For Office Use Only: Acct.#	Office:	Financial Professional:	Name for Filing:		
IIILEYI'ai	Tel: 408-996- 1118		A 95129 Fax: 408-996-1116 Email: ii nc. Member: NYSE/FINRA/SI		
	Trading I	Authorization A	greement		
Use this form to establish Tradi	ng Authorization.				
1. Trading Authorization	n Agreement	<u>;</u> .#			
I hereby authorizeappears below) as my authoriz options and any other securitie terms and conditions and risk p pay HTS promptly on demand	es and/or contract profile for my acco	s relating to the same or ount. I hereby agree to in	n margin or otherwise in ac ndemnify and hold HTS ha	ccordance with HTS's	
My Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to purchases, sales or trades.					
I hereby ratify and confirm any and all transactions with HTS heretofore or hereafter made by my Agent or for my account.					
This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which HTS may have under any other agreement or agreements between me and HTS.					

This authorization and indemnity shall remain in full force and effect until revoked by me by a written notice addressed to HTS and delivered to 717 N. Harwood Street, Suite 3400, Dallas, TX 75201. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of HTS and of any successor firm or firms.

2. Authorized Agent Signature.		
Authorized Agent Printed Name		
Date of Birth Social Security #	Authorized Agent Signature	Date
3. Customer Signature.		
o. oustomer orginature.		
Customer Account Number	- x	
Customer Printed Name	Customer Signature	Poto

Trading Authorization Agreement (8/8/2022) @2022 Hilltop Securities Inc.

AUTHORIZED AGENT INFORMATION

Account Number:					
Agent Name:	Relationship:				
Social Security Numb	er:				
Date of Birth:					
Address:			<u> </u>		
	Cell Phone:				
Email Address:					
U. S. Citizen:	Yes No				
If no, what country?_	Passport #				
Driver's License #		Issuer			
D / 01					
EMPLOYMENT INFO	RMATION				
Position: _					
•		re affiliated with a securiti			
Are you or the owner of t	his account a director, of	ficer, or 10% shareholder	on any publicly		
owned company? If yes,	please specify				
Investment Experience (Include Years of Experience)	Annual Income (From all Sources)	Net Worth (Exclusive of Residence)	Liquid Net Worth (Cash, Securities, etc.)		
□ Stocks □ Bonds □ Options □ Commodities □ Futures □ Mutual Funds □ Other (List)	☐ Under \$25,000 ☐ \$25,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999 ☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$3,000,000 ☐ Over \$3,000,000	☐ Under \$50,000 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999 ☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$3,000,000 ☐ Over \$3,000,000	□ Under \$50,000 □ \$50,000-\$99,999 □ \$100,000-\$249,999 □ \$250,000-\$499,999 □ \$500,000-\$999,999 □ \$1,000,000-\$3,000,000 □ Over \$3,000,000		

Trading Agent Signature

Date

Trading Agent Printed Name