

Interested Party Access Form

Use this form to request online access for a third-party user that is not the primary account holder.

DO NOT use this form to register the Account Owner.

Visit <https://momentum.hilltopsecurities.com/investor/hts> to self-register for primary account holder access.

**Only the primary account holder can have permission to make decisions regarding eDelivery*

Request type (Check all that apply)

New User Request Add Account(s) to Existing User Remove Account(s) from Existing User Delete User

1. MOmentum User Information

Interested Party's Name: _____ Interested Party's Email: _____

Relationship to Account Owner (Describe): _____

Current Momentum Username (If applicable): _____

2. Accounts to Access

The person above will have complete online access to the accounts listed below.

Account Name	Account Number	Account Name	Account Number
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

3. Authorization

I hereby agree to the MOmentum Client Terms and Conditions, Online Usage Agreement, and the eDelivery Agreement, if applicable, either provided to me or accessed by me on the MOmentum Client website at <https://momentum.hilltopsecurities.com/investor/hts>. My use of the MOmentum Client website constitutes my agreement to all such terms, conditions, agreements and notices. Hilltop Securities Inc. may at any time change or modify the terms and conditions applicable to my use of the MOmentum Client website, or to any aspect or feature of the MOmentum Client website itself.

I hereby request HilltopSecurities to establish a MOmentum Client logon ID and grant View-Only access to the accounts listed in Section 2. I acknowledge that granting this access gives the non-account holder access to my personal and confidential information. I acknowledge and agree that it is my sole responsibility to promptly notify HilltopSecurities in writing of any change to the information provided in Section 2 or to revoke the non-account holder's access.

Account Owner/ Authorized User Printed Name

Account Co-Owner/ Authorized User Printed Name

Account Owner/ Authorized User Signature and Date

Account Co-Owner/ Authorized User Signature and Date

Principal Printed Name

Principal Signature and Date

Please submit completed form to Department CPT in Service Center.