



IRA Rollover Certification Form

1. HTS Account Information.

HTS Account Number (if available): _____

Name: _____ Social Security Number: _____

2. Rollover Information.

Rollover from: Qualified Plan Traditional SEP Simple

Rollover Entire Account? Yes No

Cash Amount:\$ _____ Pre tax After tax

If you are rolling over securities, please describe below. (Please provide the number of shares. We cannot process the request based on a dollar amount.)

Asset Description	Quantity

Asset Description	Quantity

***Note:** Please make checks payable to Hilltop Securities Inc.

3. Rollover Requirements.

- The funds or securities deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are a part of a series of substantially equal periodic payments;
- Rollover deposits cannot include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- In an IRA to IRA rollover, the assets cannot have been involved in a rollover in the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA; and
- If I choose to make contributions to my rollover IRA, I understand that combining regular IRA contributions with rollover/direct contributions from employer plans may preclude me from rolling over these funds into a subsequent employers' plan.

4. Acknowledgements.

I understand that there are a number of options available to me which include:

- Rolling my assets to my current employer's plan (if you have a new job and the plan permits it).
- Keep your assets in your former employer's plan (if the plan permits it).
- Rolling my plan assets into an IRA.
- Take a distribution in cash (taxes will apply and withdrawal penalties may apply).

I further understand that before making the decision to rollover my account I considered my retirement plan options carefully which includes but may not be limited to:

- The benefits and penalties involved including any withdrawal penalties.
- Investment or account related fees and expenses.
- Differing levels of service available.
- Required minimum distributions.
- Tax consequences which may vary based on my state and individual situation.

For more information please see the FINRA Investor Alert entitled "10 Tips to Making a Sound Decision" located at: <http://www.finra.org/Investors/ProtectYourself/InvestorAlerts/RetirementAccounts>

5. Please Read and Sign.

I certify that this deposit has met all of the above rollover eligibility requirements and assume full responsibility for any adverse tax consequences arising from this rollover. I further understand that rollover contributions have important tax implications and I have been advised to seek guidance from a tax professional.

x _____
 Applicant's Signature Date