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



1072 S. De Anza Blvd. Suite A-205, San Jose, CA 95129 Tel: 408-996-1118 Toll Free: 888-666-6551 Fax: 408-996-1116 Email: info@infi.biz Clearing services provided by Hilltop Securities, Inc. Member: NYSE/FINRA/SIPC

Automated Clearing House (ACH) Authorization

Use this form to make on-demand fund transfers between your Hilltop Securities Inc. (HTS) and bank accounts and to set up recurring monthly transfers either to or from your HTS account. Please allow 2 weeks for this feature to be set up for your account. After the ACH is set up, funds can be transferred within 1 business day. Note: Your bank account must be cleared through a financial institution in the United States and the check must be payable in U.S. dollars.

| Name: | 1. HTS Account Informa | ation. | | | |
|--|--|---|--|---|--|
| HTS Account Number (if available): | Name: | | Social Security Number: | | |
| 2. Bank Account Information. (Refer to your bank statement for the following information.) Name as it appears on your Bank Account: Bank Name: Bank Account Type (Check ONE): Bank Routing Number: Bank Routing Number: Bank Account Number: Bank Account Number: Bank Account Number: A. Recurring Transfers. We addition to being able to make on-demand transfers, you can have the account set up for recurring types of transfers by completing section 4. A. Recurring Transfers. (Check all that apply, if these additional options are desired.) Recurring transfer of dividends/interest and/or principal pay downs from HTS account to my bank account (Check ONE): Transfer dividends/interest only FROM HTS ACCOUNT to my bank account. Transfer dividends/interest & principal pay downs FROM HTS ACCOUNT to my bank account. Recurring monthly transfer between HTS & my bank account (Check ONE): Recurring monthly transfer between HTS & my bank account (Check ONE): Recurring monthly transfer FROM HTS ACCOUNT to my bank account: Amount: \$ Day of the Month: Expiration: *Important Note: In order to distribute money FROM an IRA account, you must complete an IRA Distribution Request Form. 5. Please Read and Sign. I/We authorize HTS to transfer funds between my/our securities account and my/our bank account via automated funds transfer. In the event an entry is incorrect, HTS reserves the right to submit correcting entries. I/We understand that it takes approximately 14 days from | | | | | |
| Name as it appears on your Bank Account: Bank Name: Bank Account Type (Check ONE): Bank Routing Number: Bank Routing Number: Bank Account HTS account Number: Bank Account HTS account Number: Bank Account HTS account Number: Bank Account HTS account Number: Bank Account Number: Bank Account Number: | Type of ACH Request (Check ONE | E): ☐ New ACH Request ☐ Change to Ex | isting ACH Request | ional Bank | |
| Bank Name: | 2. Bank Account Inforn | nation. (Refer to your bank statem | ent for the following informa | tion.) | |
| Bank Routing Number: | Name as it appears on your Bank / | Account: | | | |
| By signing this form, you elect to make transfers on-demand back and forth between your HTS and bank accounts. In addition to being able to make on-demand transfers, you can have the account set up for recurring types of transfers by completing section 4. 4. Recurring Transfers. (Check all that apply, if these additional options are desired.) Recurring transfer of dividends/interest and/or principal pay downs from HTS account to my bank account (Check ONE): Transfer dividends/interest only FROM HTS ACCOUNT to my bank account. Transfer dividends/interest & principal pay downs FROM HTS ACCOUNT to my bank account. Recurring monthly transfer between HTS & my bank account (Check ONE): Recurring monthly transfer FROM HTS ACCOUNT to my bank account:* Amount: \$ Day of the Month: Recurring monthly transfer FROM MY BANK ACCOUNT to HTS account: Amount: \$ Day of the Month: Expiration: *Important Note: In order to distribute money FROM an IRA account, you must complete an IRA Distribution Request Form. 5. Please Read and Sign. I/we authorize HTS to transfer funds between my/our securities account and my/our bank account via automated funds transfer. In the event an entry is incorrect, HTS reserves the right to submit correcting entries. I/we understand that it takes approximately 14 days from | Bank Name: | Bank Acco | unt Type <i>(Check ONE)</i> : 🗖 Check | ing OR □ Savings | |
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| receipt of this form for this feature to be activated. This authorization remains in full force and effect until HTS receives written notification of its termination or alteration. I/we acknowledge that the origination of ACH transactions to my account must comply with the provisions U.S. law. | event an entry is incorrect, HTS reserveceipt of this form for this feature to fits termination or alteration. I/we U.S. law. | serves the right to submit correcting entries to be activated. This authorization remains acknowledge that the origination of ACH tr | i. I/we understand that it takes appring full force and effect until HTS rec | roximately 14 days from ceives written notification | |
| Applicant's Signature Date Co-Applicant's Signature Date | | | Co-Applicant's Signature | Date | |
| Firm Representative (Initials) Verbal Verification Obtained From Date | | | | | |

