



Hilltop Securities Inc. and/or Broker/Dealers for which it Clears
 Hilltop Securities Inc. Member: NYSE/ FINRA/ SIPC

Customer Stock Deposit Questionnaire

This questionnaire to be completed by the security owner. Hilltop Securities Inc. does not accept securities priced under \$ 0.50 or securities of non filing companies. In addition, companies filing directly with the Pinksheets will not be accepted.

1. Account Registration

Account Number: _____ Account Name: _____ Date: _____

Issuer Name: _____ Certificate Number(s): _____

CUSIP: _____ Symbol: _____ Price Per Share: \$ _____

Deposit Quantity: _____ Market Value: _____

Purpose of Deposit? Resale Loan Collateral Legend Removal Safekeeping Other _____

Deposit Type: Stock Certificate (*attach copies of front and back*) DWAC/DRS/DTC Transfer
 ACAT (*include most recent account statement from transferring firm*) Other _____

Market Traded: Exchange Listed OTCQX OTCBB Pink Sheets

2. Customer Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you or any person residing in your household or immediate family member now or at any time an officer, director, control person or affiliate of the company? If yes, provide details, including relationship or position and dates held:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the account holder or any immediate family member have any relationship with the Issuer or its control persons? If yes, what is the relationship:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the account holder, or any member of their immediate family, represent the issuer, or function as an underwriter or affiliate? If yes, in what capacity:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the account holder a corporation, LLC, trust, estate or partnership? (If yes, please list all beneficial owners, partners, officers and director and their addresses on page three.)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you been engaged to promote or encourage anyone to purchase the Issuer's common stock or any other securities of the Issuer or otherwise provide consulting services?
		How many shares of this company do you presently own? (<i>Include shares owned by family members residing in your household, trusts, estates, corporations and organizations which must be aggregated with you under Rule 144. Include shares held away from this firm.</i>)
		How many more shares, if any, are intended for deposit?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you intend to sell additional shares through any other means outside of this account? If so, describe:

3. Issuer Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the issuer of the security filed for a name change or re-organization within the last two years? If so, previous company names:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the issuer a shell company or has it been a shell company at any time during the last twelve months?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the security experienced any reverse splits in the prior 12 months? (<i>If so, on what date and what was the split ratio?</i>)
		What was the firm's revenue for the prior 12 months?
Current Public Float:		Shares Outstanding:

4. Acquisition Information

		Date Owner acquired the Securities
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you own or control 5% or more of the outstanding shares of this issuer? Percentage of Shares Owned:
How were Shares Acquired (Check One):		
<input type="checkbox"/>	From Issuer for Services (<i>Provide documentary evidence</i>) Describe Services:	
<input type="checkbox"/>	Private Placement If so, from Whom: Relationship to Seller:	
<input type="checkbox"/>	Gift, Pledge or from Trust Estate When and how did Prior Owner obtain Shares:	
<input type="checkbox"/>	Partnership Distribution Name of Partnership:	
<input type="checkbox"/>	Merger or Buyout Were you affiliated with the acquiring or acquired company? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what Capacity:	
<input type="checkbox"/>	Stock Dividend, Stock Split, Stock Option Plan, Reverse Split or Recapitalization Describe Transaction:	
<input type="checkbox"/>	Other:	
Other information to Note:		

5. Restricted Securities

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the security restricted from resale for any reason? If yes, what is the basis for the restriction: On what date will the restriction expire:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the security exempt from SEC registration? Was it exempt when you acquired it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the exemption:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If restricted, is the security eligible for sale by prospectus prior to the end of the restriction period? What is the effective eligibility date for sale by prospectus:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	When you acquired the shares, did the issuer have an effective registration statement? (<i>If yes, provide a copy of the registration.</i>) (S-1, S-8, Form 20, etc.)
Other information to Note:		

6. Disposition Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the account holder established any arrangements whereby any other person would receive a payment, or payments not disclosed on the trade confirm, in connection with the sale of this security?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the client have knowledge of any arrangements whereby any other person would receive a payment, or payments not disclosed on the trade confirm in connection with the sale of this security?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you, or any person known to you, made arrangement for buy orders in connection with the sale of securities in this account?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you sold shares in the issue, or caused any number of shares to change ownership by gift, endowment, pledge, book entry journal, or any other means in the last 12 months? If yes, please list the complete details surrounding the changes in ownership:
Other information to Note:		

7. Corporate Account Information

If the account is a corporate, LLC, trust, estate, partnership, or other entity account please complete this section for owners, directors, officers, and beneficial owners with a 5% ownership or more. The address listed must be the home physical address of the individual and not a post office box.

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

Name _____
 Address _____

 Title _____

The undersigned represents that to the best of his/her knowledge, that the information provided is true and correct, and made in accordance with applicable law and industry regulation.

_____ Authorized Signature _____ Date _____
 Customer Name/Title of Entity

_____ Authorized Signature _____ Date _____
 Customer Name/Title of Entity

_____ Authorized Signature _____ Date _____
 Customer Name/Title of Entity