ORDINANCE NO. ___-23

AN ORDINANCE TO APPROVE AND ADOPT THE 2023 CODIFIED ORDINANCES INCLUDING NEW MATTER CONTAINED THEREIN, AND DECLARING AN EMERGENCY.

WHEREAS, the City has previously determined that it would be in its best interest to revise and reprint the City Code; and

WHEREAS, the City has heretofore entered into a contract with the American Legal Publishing Corporation to prepare and publish such recodification; and

WHEREAS, the recodification of such ordinances together with the new matter to be adopted, the matters to be amended and those to be repealed are before the Council, now, therefore:

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF PAINESVILLE, LAKE COUNTY, OHIO:

SECTION I. That the ordinances of the City of Painesville, Ohio, of a general and permanent nature, as revised, recodified, rearranged and consolidated into component codes, titles, chapters and sections within the 2023 Codified Ordinances of the City of Painesville, Ohio, are hereby approved and adopted.

SECTION II. That the editing, arrangement and numbering or renumbering of the following ordinances are hereby approved as parts of the various component codes of the Codified Ordinances of the City, so as to conform to the classification and numbering system of the Codified Ordinances:

Ord. No.	Date	C.O. Section
16-22	9-19-22	167.07
18-22	10-3-22	1111.03, 1111.05, 1111.08, 1111.10, 1111.11, 1113.06, 1115.06, 1115.29, 1115.30, 1117.01, 1121.04, 1121.05, 1125.03, 1125.04, 1125.10, 1125.15, 1133.04, 1133.06, 1133.07
22-22	10-17-22	1113.06, 1115.28
23-22	11-7-22	105.02
25-22	11-21-22	167.07

SECTION III. That the provisions of this Ordinance, including all provisions of the 2023 Codified Ordinances, shall be in full force and effect as provided in Section VI. All ordinances and resolutions or parts thereof, enacted prior to December 21, 2022 which are in conflict or inconsistent with any provision of the 2023 Codified Ordinances, are hereby repealed as of the effective date of this Ordinance except as follows: the enactment of the 2023 Codified Ordinances shall not be construed to affect a right or liability accrued or incurred under any legislative provision prior to the effective date of such enactment, or an action or proceeding for the enforcement of such right or liability. Such enactment shall not be construed to relieve any person from punishment for an act committed in violation of any such legislative provisions, nor to affect an indictment or prosecution thereof. For such purposes, any such legislative provision shall continue in full force notwithstanding its repeal for the purpose of revision and recodification.

SECTION IV. That any section of the 2023 Codified Ordinances without a legislative history at the end thereof indicates that such section contains new matter enacted by this Adopting Ordinance. The publication of this Ordinance in the manner provided by the City Charter shall constitute sufficient publication of all new matter contained therein.

SECTION V. That this Ordinance is passed as an emergency measure for the protection and preservation of the peace, health, safety and general welfare of the inhabitants of the City of Painesville, the emergency being the immediate necessity to adopt a new City Code to facilitate the administration and daily operation of City government and avoid practical and legal entanglements, and therefore, this ordinance shall become effective immediately upon its passage.

PASSED:

Christine Shoop
President of Council

ATTEST:

Samantha Danielson
Clerk of Council

RESOLUTION NO. ___-23

A RESOLUTION DESIGNATING
HILLTOP SECURITIES, INC. AS A FINANCIAL ADVISOR
FOR THE INVESTMENT OF CITY FUNDS
AND DECLARING AN EMERGENCY

WHEREAS, the City of Painesville Administration and City Council have deemed it advisable to engage the services of a financial advisor to provide professional advice concerning the investment of certain City funds within the constraints of Ohio law.

NOW, THEREFORE, BE IT RESOLVED by the Council of the City of Painesville, County of Lake and State of Ohio, that:

SECTION 1. The City Manager and the Finance Director be and are hereby authorized to sign an Agreement with Hilltop Securities, Inc for the provision of professional advice concerning the investment of certain City funds within the constraints of Ohio law, in accordance with the Agreement that is attached hereto and is marked as Exhibit "A".

SECTION 2**.** That all formal actions of this Council concerning the passage of this Resolution were adopted in an open meeting, and all deliberations of this Council, or any of its Committees, which resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements, including Section 121.22, of the Ohio Revised Code.

SECTION 3. That this Resolution is hereby declared to be and is passed as an emergency measure, the emergency being the need to appoint an investment advisory firm that has been recommended by the Finance Director who believes that this investment firm will provide additional expertise to the City in a time of uncertain financial market conditions. Said Resolution is necessary for the immediate preservation of the public peace, health, safety, and welfare of the inhabitants of the City.

WHEREFORE, this Resolution shall be in full force and effect immediately upon its passage by Council provided that it is passed as an emergency Resolution.

PASSED:

____
Christine Shoop
President of Council

ATTEST:

____
Samantha Danielson
Clerk of Council

EXHIBIT A

sifma
Invested in America

PLEASE NOTE THAT THE CERTIFICATE HAS NOT BEEN APPROVED, AUTHORIZED OR ENDORSED BY FINRA AND IS NOT BEING REQUESTED BY FINRA

INSTITUTIONAL SUITABILITY CERTIFICATE AFFIRMATIVE INDICATION OF EXERCISE OF INDEPENDENT JUDGMENT (Pursuant to FINRA Rule 2111) [1]
Revised 1/22/2015

In connection with any recommended[2] transaction or investment strategy by a registered broker-dealer, the undersigned acknowledges on behalf of the Institution named below that:

I. It is an Institutional Account as defined in FINRA Rule 4512(c)[3];

II. It (1) is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; and (2) will exercise independent judgment in evaluating the recommendations of any broker-dealer or its associated persons, unless it has otherwise notified the broker-dealer in writing;

III. It will notify [vendor] and each broker-dealer servicing the Institutional Account if anything in this Certificate ceases to be true;

IV. This Certificate and the information contained herein may be shared with broker-dealers or third parties, including via a secure database or electronic platform established by [vendor]; and

V. He or she is authorized to sign on behalf of the Institutional Account named below.

By signing this Certificate, the undersigned affirms that the above statements are accurate but does not waive any rights afforded under U.S. federal or state securities laws, including without limitation, any rights under Section 10(b) of the Securities Exchange Act of 1934, as amended, and the rules and regulations promulgated thereunder.

NOTE: This Certificate shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the "Institutional Account" named in this Certificate, whether for the account of such Institutional Account or for the account of any beneficial owner that has delegated decision making authority to such Institutional Account.

Institutional Account Name:	Address, City, State, Zip:
Name of Authorized Signatory:	U.S. Tax ID/EIN (if applicable):
Title of Authorized Signatory:	Telephone: Email Address:
Signature of Authorized Signatory:	Date:

[1] Available at http://www.finra.org/Industry/Regulation/FINRARules/. To the extent the "Institutional Account" named in this Certificate is engaged in municipal securities transactions, this Certificate may also be used by Sophisticated Municipal Market Participants in connection with recommended and non-recommended transactions with a broker, dealer, or municipal securities dealer in accordance with MSRB Rules.
[2] As defined in FINRA Rules.
[3] The term "Institutional Account" means the account of: (1) a bank, savings and loan association, insurance company or registered investment company; (2) an investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or (3) any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least $50 million as of the date of this Certificate (whether such assets are invested for such person's own account or under management for the account of others).

PLEASE NOTE THAT THE CERTIFICATE HAS NOT BEEN APPROVED, AUTHORIZED OR ENDORSED BY FINRA AND IS NOT BEING REQUESTED BY FINRA

For Office Use Only: Acct. #__________________ Office#: __________ Financial Professional#: ______________ Name for Filing____________________

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

HilltopSecurities
A Hilltop Holdings Company.

❑ New Account
❑ Account Update

New Account Application

1. Account Type

❑ Individual ❑ Joint Tenants with Rights of Survivorship *(Except LA Residents)* ❑ C Corporation[1] ❑ Partnership[1]
❑ Custodial *(UTMA/UGMA)* ❑ Joint Tenants in Common *(50/50, unless otherwise noted____%/____%)* ❑ S Corporation[1] ❑ Trust[1]
❑ Investment Club[1] ❑ Community Property *(Residents of AZ, CA, ID, LA, NV, NM, TX & WA ONLY)* ❑ Sole Proprietorship[1] ❑ Estate[1]
❑ Non-Profit[1] ❑ Non-Corporate[1] ❑ Pension/PSP[1] ❑ Bank[1]
❑ Foundation ❑ Joint Tenants by Entirety ❑ Conservatorship ❑ Guardianship
❑ Limited Liability Company[1] *(Enter the LLC tax classification: C = C Corporation, S = S Corporation, P = Partnership: _______)*

[1]*Please attach a copy of the documentation which establishes individual trading authority on behalf of the account entity. Also, a New Account Application Addendum(s) must be completed, if there are (1) more than two account applicants, (2) additional persons with trading authority, or (3) for foreign entities having additional beneficial owners with an interest of 10% or more.* (*Please check box if New Account Application Addendum(s) is needed and attached:* ❑)

2. Customer Information

Name of Primary Applicant/ Custodian (*First, Middle, Last*) ***or*** Business/ Trust/ Entity Name | Social Security #/ Tax ID # | Date of Birth *(Month/Day/Year)*

Name of Co-Applicant/ Minor (*First, Middle, Last*) (*If applicable*) | Social Security #/ Tax ID # | Date of Birth *(Month/Day/Year)*

Physical/ Home Address (*P. O. Box is not acceptable*) | City | State/ Province | Country | Zip

Mailing Address (*P. O. Box is acceptable if physical address provided above*) | City | State/ Province | Country | Zip

Home Phone Number | Cell Phone Number | Fax Number | Email Address

3. Customer Identification

USA PATRIOT Act - Important Information About Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will require your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

For Individual Primary Applicant:

❑ Driver's License ❑ Passport/Visa ❑ Other ________________________________

Issuer:________________________________ ID Number: ________________________

Date of Issuance (*If applicable*): ____________________ Date of Expiration (*If applicable*): ____________________

For Individual Co-Applicant (*If applicable*):

❑ Driver's License ❑ Passport/Visa ❑ Other ________________________________

Issuer: ________________________________ ID Number: ________________________

Date of Issuance (*If applicable*): ____________________ Date of Expiration (*If applicable*): ____________________

For Entity Applicant (*Must include copy of organizational document **and** appropriate trading authorization, i.e. a Corporate Resolution*):

❑ Certification of Trust by Trustee(s) ❑ Articles of Incorporation ❑ Partnership Agreement ❑ Other ____________________

4. Customer Profile

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed **Number of Dependents:** __________
Citizenship Status: ❑ U.S. Citizen ❑ Resident Alien ❑ Non-Resident Alien *(If a Non-Resident Alien, you must provide a valid government-issued photo ID and a completed W-8BEN)* **Country of Citizenship if Non-U.S. :** ____________________

Primary Applicant's Employment Information *(Please specify if self-employed, unemployed, retired, homemaker, student or other)*:

Employer (*If self-employed or retired, specify type of business.*) | Occupation/Job Title | Business Telephone

Employer's Address | City | State/Province | Country | Zip

Co-Applicant's Employment Information *(Please specify if self-employed, unemployed, retired, homemaker, student or other)*:

Employer (*If self-employed or retired, specify type of business.*) | Occupation/Job Title | Business Telephone

Employer's Address | City | State/Province | Country | Zip

For Office Use Only: Acct. #___________________ Office#: __________ Financial Professional#: _______________ Name for Filing________________________

Trusted Contact Person Information (optional)

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

First Name | Middle Name | Last Name

Home Address | Apt. /Suite No. | City | State/ Province | Country | Zip

Home Phone Number | Cell Phone Number | Work Number | Email Address

Relationship to Primary Applicant/ Co-Applicant

Customer Affiliations and Disclosures

Indicate the affiliation of yourself, your spouse, or any other immediate family members *(i.e. parents, siblings, children or in-laws)* with the following *(Please include name and relationship as is applicable)*:		Self	Family Member
A. Employed by or associated with the securities industry or a financial regulatory agency? *(If yes, please specify the entity name and address to which duplicate account mailings should be sent, as well as including a letter from employer approving this account.)*:	☐ No	☐ Yes	☐ Yes
B. An officer, director or 10% (or more) shareholder in a publicly-owned company? *(If yes, please specify company name and trading symbol.)*:	☐ No	☐ Yes	☐ Yes
C. A senior military, governmental or political official in either the U.S. or a foreign jurisdiction? *(If yes, identify the name of the official, office held, and country.)*:	☐ No	☐ Yes	☐ Yes

Have you granted account trading authorization to another party? *(If yes, please specify the agent name and provide a copy of the written agreement conferring trading and account authority.)* ☐ Yes ☐ No ____

For entities, indicate whether the applicant is a shell company *(As defined in Rule 12b-2 of the Securities Exchange Act of 1934).* ☐ Yes ☐ No

Financial Institution References

Reference 1:________________________ Reference 2: ________________________ Reference 3:________________________

Customer Investment Objectives and Risk Tolerance

Select the categories that best describe your investment objectives *(and if joint that of any co-applicants)* and the risk that you are willing to assume in this account. Different investment products and strategies involve different degrees of risk. The greater the expected returns of a product or strategy, the greater the risk that you could lose some or all of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations. *(Note that a secondary investment objective is not required).*

Select One Primary Investment Objective with Your Associated Risk Tolerance *(Check one box only)*				**Select One Secondary Investment Objective with Your Associated Risk Tolerance** *(Check one box only)*			
Capital Preservation	☐ Low	**You may not choose a secondary investment objective if you select Capital Preservation.**					
Income	☐ Low	☐ Moderate	☐ High	**Income**	☐ Low	☐ Moderate	☐ High
Growth		☐ Moderate	☐ High	**Growth**		☐ Moderate	☐ High
Speculation			☐ High	**Speculation**			☐ High

Investment Objective Descriptions

- **Capital Preservation:** The object of capital preservation is to protect your initial investment by choosing investments that minimize the potential of a loss of principal. The long-term risk of this strategy is that returns may not offset inflation.
- **Income:** The primary objective of the income strategy is to provide current income rather than the long-term growth of principal.
- **Growth:** The objective of the growth strategy is to increase the value of your investment over time while recognizing a high likelihood of volatility.
- **Speculation:** A speculative objective assumes a higher risk of loss in anticipation of potentially higher-than-average gains by taking advantage of expected price changes. You recognize and are able to bear the full risk of the loss of some or all principal in such investments.

Risk Tolerance Descriptions

- **Low (Conservative):** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- **Moderate:** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- **High (Aggressive):** I am willing to accept high risk to my initial principal, including high volatility, to seek higher returns over time, and understand I could lose all or a substantial amount of the money invested.

For Office Use Only: Acct. #__________ Office#: __________ Financial Professional#: __________ Name for Filing__________

Customer Financial Information

Financial Information - Primary Applicant *(Combine Information for Joint Accounts)*

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment experience and financial situation to help us determine which investment products and strategies are suitable for you.

Investment Experience *(Include Years of Experience)*	Annual Income[1] *(From all Sources)*	Net Worth[2] *(Exclusive of Residence)*	Liquid Net Worth[3] *(Cash, Securities, etc.)*	Federal Tax Rate
☐ Stocks ______	☐ Under $25,000	☐ Under $50,000	☐ Under $50,000	☐ 10%
☐ Bonds ______	☐ $25,000-$49,999	☐ $50,000-$99,999	☐ $50,000-$99,999	☐ 12%
☐ Options ______	☐ $50,000-$99,999	☐ $100,000-$249,999	☐ $100,000-$249,999	☐ 22%
☐ Commodities ______	☐ $100,000-$249,999	☐ $250,000-$499,999	☐ $250,000-$499,999	☐ 24%
☐ Futures ______	☐ $250,000-$499,999	☐ $500,000-$999,999	☐ $500,000-$999,999	☐ 32%
☐ Mutual Funds ______	☐ $500,000-$999,999	☐ $1,000,000-$3,000,000	☐ $1,000,000-$3,000,000	☐ 35%
☐ Other *(List)* ______	☐ $1,000,000-$3,000,000	☐ Over $3,000,000	☐ Over $3,000,000	☐ 37%
	☐ Over $3,000,000			

Additional Customer Information *(Combine Information for Joint Accounts)*

Annual Expenses[4] *(Recurring)*	Special Expenses[5] *(Future/ Non-Recurring)*
☐ $50,000 and under	☐ $50,000 and under
☐ $50,001-100,000	☐ $50,001-100,000
☐ $100,001-250,000	☐ $100,001-250,000
☐ $250,001-500,000	☐ Over $250,000
☐ Over $500,000	

The investments in this account will be: *(Check one)*	Timeframe for Special Expenses
	Special Expense:__________
☐ Less than 1/3 of my financial portfolio	☐ Within 2 years
☐ Roughly 1/3 to 2/3 of my financial portfolio	☐ 3-5 years
☐ More than 2/3 of my financial portfolio	☐ 6-10 years
	☐ 11 years or more

Description of Terms

[1] **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

[2] **Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

[3] **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

[4] **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

[5] **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

Investment Time Horizon - When is the earliest that you expect to need funds from this account?

☐ Under 3 years ☐ 3-5 years ☐ 6-10 years ☐ 11-20 years ☐ Over 20 years ☐ Unknown

I plan to use this account for the following *(Check all that apply)*	What is your source of funds for this account *(Check all that apply)*
☐ Generate income for current or future expenses	☐ Income from Earnings
☐ Partially fund my retirement	☐ Investments/ Transfer from Brokerage Account
☐ Wholly fund my retirement	☐ Gift
☐ Steadily accumulate wealth over the long term	☐ Sale of Business or Real Estate
☐ Preserve wealth and pass it on to my heirs	☐ Inheritance
☐ Pay for educational expenses	☐ Pension/ IRA/ Retirement Savings
☐ Market speculation	☐ Spouse/ Parent/ Relative
☐ Other: __________	☐ Legal/ Insurance Settlement
	☐ Lottery/Gaming
	☐ Other: __________

Other Investment Information (*Optional*) - Please consider providing us with additional information about your other investments to help us more fully understand your financial situation and the types of investments or strategies that may be appropriate for your total investment portfolio.
(Use additional pages if needed)

Investment Type/Description	Firm Holding Your Investment	Amount of Investment
		$
		$
		$

5. Account Funding

❑ Enclosed is a check in the amount of $ ___________________________. *(Make check payable to Hilltop Securities Inc.)*

❑ Enclosed is/are security certificate(s). *(Please endorse all certificates on the back exactly as they are registered on the front.)*

❑ Enclosed is an ACAT Form and a copy of my most recent statement to transfer ❑ **ALL** or ❑ **PART** of my account from ____________________.

❑ Funded by wire transfer in the amount of $__________________________. ❑ Other ____.

6. Sweep Instructions for Entities Only. (Accounts owned by an entity, for example, Corporation, LLC, Non-profit organization, Partnership, Corporate Trustee)

The following are the only sweep instructions available for accounts owned by an entity:

❑ Sweep to Bank Insured Deposit (FDIC Insured Deposit Account)

❑ Sweep to Dreyfus Government Cash Mgmt. (Investor)-DGVXX

❑ Credit Interest, Sweep Declined

7. Sweep Account Instructions (For All Other Types of Accounts)

❑ Sweep to Bank Insured Deposit (FDIC Insured Deposit Account)

❑ Sweep to Federated Hermes Prime Oblig. (Automated)-PTAXX

❑ Sweep to Dreyfus National Municipal (Wealth)-GTMXX

❑ Sweep to Dreyfus Government Cash Mgmt. (Investor)-DGVXX

❑ Sweep to Dreyfus Treasury Securities Cash Mgmt. (Investor)-DVRXX

❑ Sweep to Federated Hermes California Muni. Cash Trust (Service)-CACXX

❑ Sweep to Federated Hermes New York Muni. Cash Trust (Wealth)-NISXX

❑ Credit Interest, Sweep Declined

Optional Payout Instructions available to section 6 and 7:

Dividend/Interest Instructions (If you choose to make a selection, you may select only ONE):

❑ Send Dividends and Interest via Check, Hold principal in Account

❑ Send ACH (**For Dividends Only**)

Money Instructions (If you choose to make a selection, only ONE option is available):

❑ Send Sales proceeds via Check

If you choose the "Credit Interest, Sweep Declined" option, fail to make a selection, or if your account is ineligible to sweep, you authorize HTS to retain the excess cash balance in an interest-bearing SIPC insured credit investment pending (CIP) account held at HTS. HTS may change the products available under the sweep program, however you will receive 30 days notice before certain specified changes are made. For complete sweep account disclosures please see the Customer Information Brochure. Refer to the money market fund prospectus for more complete information, including terms, management fees, prevailing rates and expenses. I acknowledge and understand that if I elect or otherwise have excess cash balances swept to the Bank Insured Deposit, that I will review and obtain the Bank Insured Deposit Terms and Conditions, at: http://www.hilltopsecurities.com/hilltop-securities-inc-disclosures/sweep-account-disclosure/. If I do not have access to the internet or am otherwise unable to access this document, I may request a printed copy and then it will be mailed to me. My selections under this section and my signature at the end of this application constitute my affirmative written consent regarding my sweep account participation

8. Account Agreement and Special Instructions *(Please read and sign)*

You hereby request that your Financial Professional maintain a brokerage account in the name(s) listed on this application. You acknowledge that you have received, read and understood the Hilltop Securities Inc. (HTS/Firm) Cash Account Agreement (Agreement) section of the Customer Information Brochure and that you agree to be bound by the terms and conditions of the Agreement that apply to your brokerage account, as is currently in effect and as may be amended from time to time, and that you will contact your Financial Professional regarding any questions that may relate to your account in a timely manner.

By signing this Application below, you authorize HTS to invest or transfer on an ongoing basis any excess cash balances to another account or institution as per the sweep account option you have selected or, alternatively, to retain any excess cash balances in CIP, except for IRAs or qualified retirement plans, should you either decline a sweep account option, make no sweep selection, or have an ineligible account. You also acknowledge that you have read, understand, and agree to be bound by all terms as contained in the Customer Information Brochure relating to sweep accounts. You agree to notify your Financial Professional in writing should you wish to change your sweep account selection, decline participation in a sweep account option, or elect to participate in a sweep account. You also authorize HTS to transfer your interest in the selected sweep option to another product in the sweep program upon 30 days written notice.

By signing this Application, you confirm your intention to reinvest cash credit balances held by HTS in your name, and you further confirm that this cash credit balance is being maintained in your account solely for the purpose of reinvestment. You acknowledge your understanding that cash balances of up to $250,000 are protected by the Securities Investor Protection Corporation (SIPC), but that SIPC coverage is not available for funds maintained solely for the purpose of earning interest.

Under rule 14b-1(c) of the Securities Exchange Act, a broker is required to disclose to an issuer the name, address, and securities positions of our customers who are beneficial owners of that issuer's securities unless the customer objects. If you object to the disclosure of such information, please check this box:

❑ Yes, I object to the disclosure of such information.

We are required to report your cost basis, short term and long term capital gain/loss information to the Internal Revenue Service (IRS) after the sale of your securities (for transition of specific securities, see your Customer Information Brochure). Hilltop Securities Inc. will use the First In First Out (FIFO) cost basis default accounting method on all lots sold unless you notify us to use an alternate cost basis accounting method, pursuant to instructions in your Customer Information Brochure. Please note that if you wish a specific tax lot to be sold, you will need to notify your Financial Professional in writing on or before the settlement date of the trade as to which lot you wish sold. *(Please refer to your Customer Information Brochure for additional details. For further reference the Internal Revenue Service Cost Basis Regulations can be found on the IRS website at http://www.irs.gov.)* Please see below selections to change from Hilltop Securities Inc. default bond reporting options.

☐ Market Discount Election- Hilltop Securities Inc. defers the recognition of Market Discount. Please select this box if you want to Recognize Market Discount as it accrues. If you made an election under section 1278(b) to include market discount in income as it accrues, you must notify Hilltop Securities Inc. of this election in writing in accordance with Regulations section 1.6045-1(n)(5). (Please refer to the IRS Publication 550).

☐ Market Discount Calculation Election- Hilltop Securities Inc. uses the Constant Yield calculation method for accreting Market Discount. Please select this box if you choose the Straight Line (Ratable) Calculation method. (Please refer to the IRS Publication 550).

☐ Bond Premium- Hilltop Securities Inc. amortizes taxable Bond Premium. Please select this box if you do not want to amortize taxable Bond Premium. (Please refer to the IRS Publication 550).

Tax Withholding Certifications

Please check all boxes that apply, and sign and date in Section 9:

Primary Applicant	Co-Applicant	
☐	☐	**U.S. Person:** Under penalties of perjury, I certify that: **(1)** the number shown on this form is my correct taxpayer identification number; **(2)** I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; **(3)** I am a U.S. person (including a U.S. resident alien); and **(4)** the Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
☐	☐	**Certification Instructions:** You must check this box if you cannot certify to item **(2)** above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
☐	☐	**Non-Resident Alien:** I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8BEN with this form to certify my foreign status and, if applicable, claim tax treaty benefits.
☐	☐	**United States Financial Institution (USFI):** By selecting this box you indicate that you are an USFI. You certify that you are exempt from backup withholding and certify that you are FATCA exempt. You also certify that the exempt payee code provided below is correct. **Please note that exempt payee code is required.** Please see http://www.irs.gov/pub/irs-pdf/fw9.pdf for information on exempt payee codes. ______________ Exempt payee code

By signing and dating this form, all applicants authorize the disclosure of their names, security position(s) and contact information, for purposes of receiving official communications concerning municipal securities, if relevant, to (a) an issuer of municipal securities; (b) a trustee for an issue of municipal securities in its capacity as trustee; (c) a state or federal tax authority; or (d) a custody agent for a stripped coupon municipal securities program in its capacity as custody agent. (*For additional information, please see MSRB Rules G-8(a)(xi) and G-15(g)(iii)(A).*

For Joint Tenants with Rights of Survivorship (JTWROS) accounts, on the death of one party to a joint account, all sums in the account on the date of the death vest in and belong to the surviving party as his or her separate property and estate.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup and FATCA withholding. For IRS Form W-9 instructions please use the following link: http://www.irs.gov/pub/irs-pdf/iw9.pdf.

In consideration of HTS accepting an account for me/us, I/We ("I") acknowledge that I have read, understand and agree to be bound by the Account Agreement terms as contained in the Customer Information Brochure, that I acknowledge receiving the Form CRS and the Brokerage Services Disclosure Brochure. **I further acknowledge that I have read and understand the pre-dispute arbitration clause contained in the Account Agreement section of the Customer Information Brochure and agree to resolve any disputes arising out of my account by arbitration.** I certify that the foregoing client information is accurate and I am aware that the information is relied upon by the financial professional in servicing my account, and as such, I agree to notify the Firm in writing of any material changes, including those to the holder's financial situation or investment objectives.

9. Customer Signatures

X ______________________________________
Primary Applicant's Signature Date

X ______________________________________
Co-Applicant's Signature Date

____
Primary Applicant's Printed Name

____
Co-Applicant's Printed Name

For Office Use Only: Acct. #__________________ Office#: __________ Financial Professional#: ______________ Name for Filing________________________

FOR BROKEREAGE USE ONLY

X ____

Financial Professional's Signature Date

____

Financial Professional's Printed Name

Office#:________ Financial Professional#: __________ Account# ____________

Customer Information Brochure Delivered: ___/___/___

Privacy Policy Delivered: ___/___/___

Form CRS Delivered: ___/___/___

Form CRS Delivery Method: ____________

Copies of all Written Agreements Delivered: ___/___/___

X ____

Principal's Signature Date

____

Principal's Printed Name