AUTOMATED MONTHLY INTEREST TRANSFER FORM

Participant Name: _____ Effective Date: _____

****SELECT TRANSACTION TYPE FOR INTEREST TRANSFER****

☐ **INTERNAL TRANSFER**

FROM:	**TO:**
TexSTAR Account Number	**TexSTAR Account Number**
_____	_____

☐ **WIRE WITHDRAWAL**

From TexSTAR account number listed below to wiring instructions on file for the account:

Account Number _____

☐ **ACH WITHDRAWAL**

From TexSTAR account number listed below to ACH instructions on file for the account:

Account Number _____

Authorized Representative Signature	**Printed Name**	**Date**
Authorized Representative Signature	**Printed Name**	**Date**

Please complete this form either all typed or all handwritten with original signatures.
Forms with alterations (i.e. white out, mark out, etc.) or electronic signatures will **NOT** be accepted.

TexSTAR Participant Services
Email forms to: texstar@hilltopsecurities.com
Phone: 800.839.7827 * Fax: 214.953.8878