



Polar Investment Counsel Inc.

Member: FINRA, NFA, MSRB, SIPC
 Securities Cleared: Hilltop Securities Inc.
 Member NYSE, FINRA, SIPC

Acct Number: _____ Office: _____ Rep ID: _____

Client Name: _____

ACCOUNT APPROVAL FORM

All account openings and changes must be reviewed and approved by a principal of the firm. A copy of this document must be maintained in the clients file. All documents will be sent to the clearing firm for imaging upon approval.

The account must not be funded before principal approval is received.

Account Title: _____				
Type of Account:	<input type="checkbox"/> SWS	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> ACAT <input type="checkbox"/> Roll Over	<input type="checkbox"/> Open New Acct
	<input type="checkbox"/> NCFA	<input type="checkbox"/> Qualified	<input type="checkbox"/> Cash Funded	<input type="checkbox"/> Update/Change
	<input type="checkbox"/> Institutional	\$ _____		<input type="checkbox"/> Alternative Trans
NCFA Investment name: _____				
Type of Products:	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Private Placements	<input type="checkbox"/> Commodities	<input type="checkbox"/> Options
	<input type="checkbox"/> Listed Securities	<input type="checkbox"/> Annuity	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Margin Transactions
Documents Included:	<input type="checkbox"/> PICI New Account Docs	<input type="checkbox"/> OFAC		
	<input type="checkbox"/> SWS New Account Docs	<input type="checkbox"/> Govt Photo ID		
	<input type="checkbox"/> NCFA New Account Docs	<input type="checkbox"/> ACAT Papers		
	<input type="checkbox"/> Alt Trans Subscription Docs	<input type="checkbox"/> Copy of Check (if applicable)		
Alternative Transaction	Name of Alternative: _____			<input type="checkbox"/> Held Direct
				<input type="checkbox"/> Held at clearing firm
	<input type="checkbox"/> New Subscription/Application		Amount of purchase: \$ _____	
	<input type="checkbox"/> Additional Subscription/Application		Date of Subscription: _____	
	<input type="checkbox"/> Prior Alternative Transaction Experience			
 _____ Date _____ Rep ID _____ Office _____ Registered Rep Signature				
 _____ Date _____ Rep ID _____ Office _____ OSJ Manager Signature				
Home Office Use Only:				
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Restrictions <input type="checkbox"/> See Notes	Rejected Reason / Restrictions / Special Notes:			
 _____ Date _____ HO Principal Signature				