



Polar Investment Counsel Inc.

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

Acct Number/Investment: _____ Office: _____ Rep ID: _____

Client Name: _____

ACCOUNT APPROVAL FORM

All account openings and changes must be sent to the Home Office for processing, review and approval by a HO senior principal of the firm. A copy of this document must be maintained in the clients file. Documents can be scanned and emailed, originals kept in clients file. All documents will be sent to HTS by the Home Office for scanning. You will receive a completed set of documents via email to send to your client confirming all information.
The account must not be funded or traded before Home Office approval is received.

Account Title: _____

Type of Account:	<input type="checkbox"/> HTS	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> ACAT	<input type="checkbox"/> Roll Over	<input type="checkbox"/> Open New Acct
	<input type="checkbox"/> FUTURES	<input type="checkbox"/> Qualified	<input type="checkbox"/> 401(k) Roll Over		<input type="checkbox"/> Update/Change
	<input type="checkbox"/> NCFA	<input type="checkbox"/> Institutional	<input type="checkbox"/> Cash Funded \$ _____		<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"/> Death Certificate
	<input type="checkbox"/> HTS New Account Docs	<input type="checkbox"/> Govt Photo ID	<input type="checkbox"/> Retirement-Qualified R/O
	<input type="checkbox"/> NCFA New Account Docs	<input type="checkbox"/> ACAT Papers	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Alt Trans Subscription Docs	<input type="checkbox"/> Check for Alt Transactions	

Alternative Transaction	Name of Alternative: _____	<input type="checkbox"/> Held Direct
	Amount of purchase: \$ _____ Date of Subscription: _____	<input type="checkbox"/> Held at Clearing firm
	<input type="checkbox"/> New Subscription/Application	Amount of purchase: \$ _____
	<input type="checkbox"/> Additional Subscription/Application	Date of Transaction: _____
	<input type="checkbox"/> Prior Alternative Transaction Experience	

Regulation BI – Form CRS Delivery Method: Email In-Person US Mail Date: _____

DOL PTE Rule (Rollovers) Delivery Method: Email In-Person US Mail Date: _____

Registered Rep Signature _____	Date _____	Rep ID _____	Office _____
OSJ Manager Signature (if applicable) _____	Date _____	Rep ID _____	Office _____

Home Office Use Only:

<input type="checkbox"/> Approved	Rejected Reason / Restrictions / Special Notes:
<input type="checkbox"/> Rejected	
<input type="checkbox"/> Restrictions	
<input type="checkbox"/> See Notes	

HO Principal Signature _____ Date _____