



Polar Investment Counsel Inc.

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

Client Name: _____

Office: _____ Rep ID: _____

Account Information Change Form

Client(s) Name: _____

SWS# _____	SWS# _____	NCFA# _____
SWS# _____	SWS# _____	Product _____
SWS# _____	SWS# _____	NCFA# _____
SWS# _____	SWS# _____	Product _____

ADDRESS CHANGE PO Boxes used for mailing only - all accounts require a physical address in addition to POB.

Address moving from (OLD):

Address moving to (NEW):

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 DIGITS _____

CITY _____ STATE _____ ZIP CODE + 4 DIGITS _____

TELEPHONE: (_____) _____

TELEPHONE: (_____) _____ No Change

A change in marital status or name requires re-documentation of your account. Please complete all applicable documents.

MARITAL STATUS CHANGE Reason for Change: Marriage Divorce Separated Widowed

Proof of status change must be attached to this request as follows:

- Marriage: copy of marriage certificate (*if name change is required, complete section below)
- Divorce/Separated: copy of divorce/separation decree (*if name change is required, complete section below)
- Widowed: copy of death certificate for deceased spouse

Additional documents needed:

- New account documents (HTS and PICI)
- For: IRA account: complete Change of Beneficiary form
- For: BASIC account: if spouse is to be added, complete a Joint Account Agreement

NAME CHANGE Reason for Change: Marital Status Change Legal Change

Name Changed From:

Name Changed To:

Proof of name change must be attached to this request as follows:

- New account documents (HTS and PICI)
- Marital Status Change: Copy of marriage certificate or divorce/separation decree
- Legal Change: Copy of court order

Signing below acknowledges that the above changes are true and accurate and we have reviewed all other information concerning our account(s) and there are no other changes or updates to our personal or financial situations.

CLIENT SIGNATURE _____ DATE _____

CLIENT SIGNATURE _____ DATE _____

FIRM USE ONLY	PROCESS CONFIRMATION
REGISTERED REP SIGNATURE _____ DATE _____	<input type="checkbox"/> HTS Systems updated
PICI HOME OFFICE PRINCIPAL SIGNATURE _____ DATE _____	<input type="checkbox"/> Documentation Imaged