



Polar Investment Counsel Inc.
 Brokers & Investment Advisors; Member: FINRA, NFA, MSRB, SIPC
 Securities Accounts Cleared Through: Southwest Securities Inc. Member NYSE, FINRA. SIPC
 Futures Accounts Placed With: Zephyr Investment Group Inc.

Acct#: _____ Office: _____ Rep ID: _____
 Filing Name: _____

PICI PARTNERSHIP ACCOUNT SUPPLEMENT

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, the Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, DOB and other information that will allow us to identify you. We will also ask for a copy of your driver's license or other identifying document.

PARTNERSHIP INFORMATION

Authorized Partner Name: _____
 Partnership Full Name: _____
 General Partner Name: _____
 GP Address: (if different than authorized partner) _____
 Years in Existence: _____ Risk Capital \$ _____

Names of All Partners who are empowered to act on behalf of the partnership:

| | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* Partnership documents (first 6 pages and signature pages) must be attached to this supplement.

SIGNATURE OF AUTHORIZED PARTNER(S): (use additional sheet if necessary)

Below are the signatures of the authorized partner(s) who are empowered to act on behalf of the partnership:

| | | |
|---------------------------------------|-----------------------|---------------|
| _____ Authorized Partner Signature | _____ Printed Name | _____ Date |
| _____ Authorized Partner Signature | _____ Printed Name | _____ Date |
| _____ Authorized Partner Signature | _____ Printed Name | _____ Date |
| _____ Authorized Partner Signature | _____ Printed Name | _____ Date |
| _____ Authorized Partner Signature | _____ Printed Name | _____ Date |