



Home Office: Thief River Falls MN  
 www.polarinvest1.com  
 218.681.7344 - 218.681.1329 [fax]

**Polar Investment Counsel Inc.**

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

Acct#: \_\_\_\_\_ Office: \_\_\_\_\_ Rep ID: \_\_\_\_\_

Filing Name: \_\_\_\_\_

**PICI TRUST ACCOUNT SUPPLEMENT - USE WITH PICI NEW ACCOUNT DOCUMENT**

In consideration of your firm's accepting one or more Trust accounts, the undersigned trustee(s), jointly and severally, warrant and agree that all of the information contained herein is accurate and correctly details the terms of the above referenced Trust. We further warrant and agree that this shall remain in full force and effect until such time as you are notified in writing at the address above of any change in the information or authority contained herein.

Additionally, we agree that Polar Investment Counsel, Inc. is acting as agent and not in a fiduciary relationship with the Trust and we agree to indemnify and hold Polar Investment Counsel, Inc. harmless for any loss, damage or claim arising as a result of Polar Investment Counsel, Inc.'s reliance on the information provided in this document.

Grantor's Name(s): \_\_\_\_\_

Date of Trust: \_\_\_\_\_ Is the Trust: Revocable?  YES  NO Amendable?  YES  NO Irrevocable?  YES  NO

If Irrevocable, is it a: (check only ONE if applicable)  Insurance Trust  Charitable Remainder Trust  Charitable Lead Trust  Other: \_\_\_\_\_

Current Trustee(s) Name(s) (please print current trustee(s) only)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is each Trustee authorized to issue instructions to Polar Investment Counsel, Inc. respecting the account?  YES  NO

If no, designate trustee(s) authorized to give orders to Polar Investment Counsel, Inc.:

Printed Name	Initial	Printed Name	Initial
--------------	---------	--------------	---------

Does the Trust provide for less than unanimous consent among Trustee(s) in reaching any decision respecting Trust assets?  YES  NO

If yes, indicate the number of consenting Trustee(s) required to sign any document to bind the Trust: \_\_\_\_\_

Does the Trust allow for the appointment or succession of a corporate Trustee?  YES  NO

If other successor Trustee(s) are named, please list: \_\_\_\_\_

Does the Trust Agreement or do any state law(s) prohibit the purchase of any type of security in this Trust?  YES  NO

If yes, you must describe: \_\_\_\_\_ Initial: \_\_\_\_\_

Are there ANY investment limitations in the Trust Agreement with which you must comply?  YES  NO

If yes, you must describe: \_\_\_\_\_ Initial: \_\_\_\_\_

Required **ONLY** for loan activity:

Does the Trust instrument authorize the borrowing of money and the pledging of Trust assets as collateral for a non-purpose loan?  YES  NO

Does the Trust instrument authorize:	Margin trading?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Options trading?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Hedge option trading?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Speculative option trading?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Does the Trust instrument authorize trading of futures and futures options contracts?  YES  NO

Does the Trust instrument authorize the employment of a commodities trading advisory firm?  YES  NO

View our Investor Education Section & Customer Information Brochure at: [www.polarinvest1.com](http://www.polarinvest1.com)

**PICI TRUST ACCOUNT SUPPLEMENT**

Acct# \_\_\_\_\_

RR#: \_\_\_\_\_

Office#: \_\_\_\_\_

We certify that we have the authority under the trust agreement and applicable law to enter into transactions, both purchases and sales, of the type specified below:

**(CHECK WHICH TRANSACTIONS ARE PERMITTED)**

- |  |  |
|--|--|
| <input type="checkbox"/> Corporate Equity Securities (Stock) | <input type="checkbox"/> U.S. Agency Securities                        |
| <input type="checkbox"/> Corporate Debt (Bonds)              | <input type="checkbox"/> Municipal Securities                          |
| <input type="checkbox"/> Mutual Funds                        | <input type="checkbox"/> Margin Transactions (R)                       |
| <input type="checkbox"/> U.S. Government Securities          | <input type="checkbox"/> Short Selling of Securities (R)               |
| <input type="checkbox"/> Equity Options (see below) (R)      | <input type="checkbox"/> Physical Commodities (R)                      |
| <input type="checkbox"/> Index Options (see below) (R)       | <input type="checkbox"/> Commodity Futures (including short sales) (R) |

With respect to options, the following are permitted:

- |   |   |
|---|---|
| <input type="checkbox"/> Buying Options (R)         | <input type="checkbox"/> Put Writing (R)                |
| <input type="checkbox"/> Covered Call Writing       | <input type="checkbox"/> Spreading and Combination (R)  |
| <input type="checkbox"/> Uncovered Call Writing (R) | <input type="checkbox"/> No option transactions allowed |

**All securities have some risk. Securities and strategies referenced by the initial (R) require special awareness to RISKS**

Please provide the name, address and telephone number of the Trust's legal advisor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

We the trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting transactions of the type specified above, should you act pursuant to instructions given by any of the names listed under current trustee(s) name(s).

The Trust hereby ratifies and confirms any and all transactions with you heretofore and hereafter made. Whenever the Trust does not, on or before the settlement date, pay in full for any purchase for its account, or deliver any security sold for such account, you are authorized to sell any and all securities required to make delivery for the account, or to cancel any and all outstanding orders or commitments for the account.

**SIGNATURE OF CURRENT TRUSTEE(S):**

_____ Trustee Signature	_____ Printed Name	_____ Date
----------------------------	-----------------------	---------------

_____ Trustee Signature	_____ Printed Name	_____ Date
----------------------------	-----------------------	---------------

_____ Trustee Signature	_____ Printed Name	_____ Date
----------------------------	-----------------------	---------------

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Supplemental Trust documents attached?</b> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>Copy of Trust attached?</b>                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>Abbreviated copy of Trust attached?</b>    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |