



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 TRUST ACCOUNT SUPPLEMENT

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
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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

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

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