

Polar Investment Counsel, Inc.

Brokers and Investment Advisors; Member NASD, NFA, MSRB, SIPC

Website: www.polarinvest1.com

ACCOUNT REVIEW INFORMATION FORM

(COMPLETED BY REGISTERED REP)

Account Name: _____ Account Number: _____

RR Name: _____ Date of Conversation: _____

Reason for Contact: _____

Checklist for active account discussion areas (check off each area covered in client call. Briefly explain 'no' responses, and note areas which client did not wish to discuss):

1. Client is an active account of Polar Investment Counsel, Inc. Yes No

2. New client record is current and complete. Yes No

3. Investment objectives are current. Yes No

4. Client receives and understands confirmations/statements. Yes No

5. Confirmation disclose commissions and transaction costs. Yes No

6. Client understands account is on margin and debit is \$ _____ Yes No

7. Account equity is: \$ _____

8. Account performance:			
YTD Realized Gain/Loss	\$ _____	Beginning Net Worth	\$ _____
YTD Unrealized Gain/Loss	\$ _____	Ending New Worth	\$ _____
Total	\$ _____	Total Change	\$ _____

9. Client concerns and suggestion: _____

10. Registered Rep comments: _____

Registered Representative Signature

Office Number

Date

PICI Principal Comments: _____

Follow up required? Yes No

Account Activity Letter of Understanding