



Trust Account Application

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746.

Please visit us at www.tdameritrade.com for more information about opening an account.

1. TYPE OF ACCOUNT *(Please select only one. Additional paperwork is required for some account types.)*

- Personal Trust Other: _____

QUALIFIED RETIREMENT PLANS *(Please provide a signed plan document)*

- Profit Sharing Plan (PSP)
 Money Purchase Pension Plan (MPPP)
 Keogh
 Solo 401(k)
 Other: _____

Is this account part of an existing plan at TD Ameritrade? Yes No

If yes, please provide an account number: _____

2. FUNDING YOUR ACCOUNT

I will be funding with:

- A check. **Please make check payable to TD Ameritrade Clearing, Inc.**
 A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating wire transfer.
 A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.
 A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.
 Stock certificates. Please contact TD Ameritrade prior to submitting certificates.

3. TRUST INFORMATION

Title of Trust: _____

| | |
|---|---|
| Date of Formation: <i>(MM-DD-YYYY)</i> | Date of the Last Amendment to the Trust: <i>(MM-DD-YYYY)</i> |
|---|---|

Please list the single Tax ID or Social Security Number under which your trust reports taxes.

Tax ID: _____ **OR** U.S. Social Security: _____

Grantor(s)/Settlor(s)/Trustor(s) of the Trust: _____

Employee Participant:
(where applicable)

Home Address:
(no PO Box or mail drop)

| | | | |
|-------|--------|-----------|----------|
| City: | State: | ZIP Code: | Country: |
|-------|--------|-----------|----------|

Mailing Address:
(if different from above)

| | | | |
|-------|--------|-----------|----------|
| City: | State: | ZIP Code: | Country: |
|-------|--------|-----------|----------|

| | |
|---|---|
| Primary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number | Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number |
|---|---|

Fax Number: _____

Email Address *(required for electronic delivery of your account statement and trade confirmations):*

Name(s) of the Successor Trustee(s):
(if applicable)

Beneficiaries of the Trust: _____



| | | | | | |
|--|---|---|--|--|---|
| Annual Income: | <input type="checkbox"/> \$0 - \$24,999 | <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> \$250,000+ |
| Approximate net worth: <i>(not including primary residence)</i> | <input type="checkbox"/> \$0 - \$14,999 | <input type="checkbox"/> \$15,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> \$250,000 - \$499,999 |
| Approximate liquid net worth: <i>(cash, stocks, etc.)</i> | <input type="checkbox"/> \$0 - \$14,999 | <input type="checkbox"/> \$15,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> \$250,000 - \$499,999 |
| What best describes the initial source of funds for this account? | <input type="checkbox"/> Employment/Wages | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Gift | <input type="checkbox"/> Savings | <input type="checkbox"/> Inheritance/Trust |
| | <input type="checkbox"/> Lottery/Gaming | <input type="checkbox"/> Spousal/Parental Support | <input type="checkbox"/> Unemployment/Disability | <input type="checkbox"/> Legal Settlement | <input type="checkbox"/> Other <i>(describe source of funds):</i> _____ |
| What best describes the ongoing source of funds for this account? | <input type="checkbox"/> Employment/Wages | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Gift | <input type="checkbox"/> Savings | <input type="checkbox"/> Inheritance/Trust |
| | <input type="checkbox"/> Lottery/Gaming | <input type="checkbox"/> Spousal/Parental Support | <input type="checkbox"/> Unemployment/Disability | <input type="checkbox"/> Legal Settlement | <input type="checkbox"/> Other <i>(describe source of funds):</i> _____ |

4. AFFILIATIONS

- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Trustee, the company ticker symbol, name, address, city, and state:

- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify name of the affiliated person/Trustee and affiliated entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter *(with this application)*:

- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the person affiliated with the Trustee employed by the Registered Investment Advisor and Investment Advisor company name:

- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity. Specify the name of the licensed professional, their relationship to the Trustee, and if associated with an entity:

5. AUTHORIZED AGENT COMPENSATION

- Check here if any Authorized Agent (unaffiliated with the entity) is being compensated for providing investment advice, placing trades, or otherwise managing the account.

6. TRUSTEE INFORMATION

Name Prefix *(optional)*: Mr. Mrs. Ms. Dr. Rev.

Full Legal Name: _____

| | | |
|---|---|-------------------------|
| Date of Birth: <i>(MM-DD-YYYY)</i> | Number of Dependents: | Tax ID: <i>(SSN)</i> |
| Home Address: <i>(no PO Box or mail drop)</i> | | |
| City: | State: | ZIP Code: |
| Country: | | |
| Mailing Address: <i>(if different from above)</i> | | |
| City: | State: | ZIP Code: |
| Country: | | |
| Primary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number | Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number | |
| Fax Number: _____ | | |
| Email Address <i>(required for electronic delivery of your account statement and trade confirmations)</i> : _____ | | |
| Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed | Source of Income <i>(If Unemployed, Retired, Homemaker, or Student)</i> : _____ | |
| Employer Name <i>(If Self-Employed, provide the name of your business)</i> : _____ | | |
| Please choose from the list provided on page 9 the occupation code and industry of occupation code that most accurately describes your situation. | | |
| Occupation: | Industry of Occupation: | |
| Employer Street Address: _____ | | |
| City: | State: | ZIP Code: |
| Country: | | |

| | | | |
|--|-------------------------|--------------|-------------|
| <input type="checkbox"/> Check here if you are NOT a U.S. citizen. | Country of Citizenship: | | |
| Country of Dual or Secondary Citizenship: | Country of Birth: | | |
| Non-U.S. citizens*: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify visa type: | Visa Number: | Expiration: |

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

7. CO-TRUSTEE INFORMATION

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

| | | | |
|---|---|------------------|----------|
| Date of Birth: (MM-DD-YYYY) | Number of Dependents: | Tax ID: (SSN) | |
| Home Address: (no PO Box or mail drop) | | | |
| City: | State: | ZIP Code: | Country: |
| Mailing Address: (if different from above) | | | |
| City: | State: | ZIP Code: | Country: |
| Primary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number | Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number | | |
| Fax Number: | | | |

Email Address (required for electronic delivery of your account statement and trade confirmations):

| | |
|---|---|
| Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed | Source of Income (If Unemployed, Retired, Homemaker, or Student): |
| Employer Name (If Self-Employed, provide the name of your business): | |
| Please choose from the list provided on page 9 the occupation code and industry of occupation code that most accurately describes your situation. | |
| Occupation: | Industry of Occupation: |

Employer Street Address:

| | | | |
|--|-------------------------|--------------|-------------|
| City: | State: | ZIP Code: | Country: |
| <input type="checkbox"/> Check here if you are NOT a U.S. citizen. | Country of Citizenship: | | |
| Country of Dual or Secondary Citizenship: | Country of Birth: | | |
| Non-U.S. citizens*: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify visa type: | Visa Number: | Expiration: |

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

8. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$10,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement: Electronic Monthly Paper Monthly (\$2 fee may apply each month) Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmation: Electronic Paper

Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

14. VERBAL PASSWORD (Optional)

You may opt to add an additional level of security to your account by adding a verbal password. This verbal password will be used for verification purposes when you call in and speak with a TD Ameritrade representative. Once established, if the correct verbal password is not provided to us when calling, account access will not be permitted.

The verbal password must be no more than 24 characters, it can include letters and numbers, cannot contain special characters, and cannot be anything inappropriate, as determined by TD Ameritrade in its sole discretion.

Verbal Password: _____

15. OFFER CODE (Optional)

By entering an offer code in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & Conditions. If the offer code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes, please call 1-800-454-9272.

Offer Code: _____

16. TRUSTED CONTACT (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

NOTE: Your Trusted Contact must be someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

| | | | |
|---------------------------|-----------------|----------------|----------|
| First Name: | Middle Initial: | Last Name: | |
| Relationship: | | | |
| Primary Telephone Number: | | Email Address: | |
| Mailing Address: | | | |
| City: | State: | ZIP Code: | Country: |
| First Name: | Middle Initial: | Last Name: | |
| Relationship: | | | |
| Primary Telephone Number: | | Email Address: | |
| Mailing Address: | | | |
| City: | State: | ZIP Code: | Country: |

17. ACCOUNT AGREEMENT

In this agreement, "Account Owner," "I," and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. I acknowledge that I have received and read the Client Agreement, available at www.tdameritrade.com or by calling 800-276-8746, that will govern my account. I agree to be bound by the Client Agreement, which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., from any and all liability and claims for damages resulting from any action taken pursuant to this agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc., unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

The undersigned hereby acknowledges that he/she has received and read the TD Ameritrade, Inc., and TD Ameritrade Clearing, Inc., Section 408(b)(2) Disclosure Summary document.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, 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, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct.

All Active Trustees must provide their signatures below. If you wish to trade options in this account, complete the Options Account Investment Profile and sign the Options Account Agreement section on the next page.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

| | |
|---|-------|
| X Trustee's Signature: <i>(individual who completed Section 6)</i> | Date: |
| X Co-Trustee's Signature: <i>(individual who completed Section 7)</i> | Date: |

Original signatures required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

OPTIONS ACCOUNT

Due to the risks involved in options, we are required to obtain the following information. The income information above must be completed to be considered for options.

Check this box to decline options privileges.



18. OPTIONS OBJECTIVES

For definitions regarding options objectives, please see page 8 of the application.

| | | | | |
|--|--|--|--|--|
| Types of Transactions: (Check all that apply.) | <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds | <input type="checkbox"/> Options | |
| What Are Your Options Investment Objectives? (Check all that apply.) | <input type="checkbox"/> Growth | <input type="checkbox"/> Speculative | <input type="checkbox"/> Income | <input type="checkbox"/> Conservation of Capital |
| What Type of Activity Do You Plan to Conduct in Your Options Account? | <input type="checkbox"/> <u>Tier 1 - Covered</u> | <input type="checkbox"/> <u>Tier 2 - Standard Cash</u> | <input type="checkbox"/> <u>Tier 2 - Standard Margin</u> | <input type="checkbox"/> <u>Tier 3 - Advanced</u> |
| | Write covered calls Write cash-secured puts | Purchase options Write covered calls Write cash-secured puts | Create spreads Purchase options Write covered puts Write covered calls Write cash-secured puts Requires Margin Account | Write uncovered options Create spreads Purchase options Write covered puts Write covered calls Requires Margin Account |

19. OPTIONS ACCOUNT AGREEMENT

I hereby apply for an options account and agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I have received and read the Client Agreement that will govern my account, and agree to be bound by it as currently in effect and as amended from time to time. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

| | |
|---|-------|
|  Signature: | Date: |
|  Signature: | Date: |

Original signatures required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

INVESTMENT OBJECTIVES DEFINITIONS

Conservative:

Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate:

Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth:

Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth:

Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth:

Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.

OPTIONS OBJECTIVES DEFINITIONS

Growth:

Investors are seeking the potential for investment growth and have a tolerance for more significant market fluctuations and risk of loss.

Speculative:

Investors are seeking short-term market gains that generally have above average, maximum risk, but offer the potential for short-term, maximum gains. These strategies also have the potential for significant losses and investors understand they could lose most, or all, of the money they have invested.

Income:

Investors are seeking income with a modest degree of risk. These investors are typically willing to accept lower potential returns in exchange for lower risk and volatility, and understand their returns may not keep pace with inflation.

Conservation of Capital:

Investors are seeking to avoid risk and minimize potential loss of principal.

Occupation Codes

| | | |
|--|--|---|
| A42 Accountant/Auditor/Bookkeeper | C82 Compliance/Regulatory Professional | N21 Nurse |
| A62 Adjuster | C92 Consultant | O11 Office Associate |
| A82 Advertiser/Marketer/PR Professional | C43 Counselor/Therapist | O21 Other; If Other, include a description in the Occupation box. |
| A33 Air Traffic Controller | C53 Customer Service Representative | P81 Pharmacist |
| A43 Ambassador/Consulate Professional | D11 Dealer | P91 Physical Therapist |
| A53 Analyst | D61 Dentist | P22 Pilot |
| A63 Appraiser | D31 Distributor | P32 Police Officer/Firefighter/Law Enforcement Professional |
| A73 Architect/Designer | D41 Doctor/Surgeon/Physician | P42 Politician |
| A83 Artist/Performer/Actor/Dancer | D51 Driver | P52 Project Manager |
| A93 Assistant/Executive Assistant | E51 Engineer | R81 Real Estate Professional |
| A44 Athlete | E71 Exterminator | R71 Researcher |
| A64 Attorney/Judge/Legal Professional | F71 Factory/Warehouse Worker | S41 Salesperson |
| A74 Auctioneer | F81 Farmer/Rancher | S51 Scientist |
| L51 Banker/Lending Professional | F91 Financial Planner/Advisor | S61 Seamstress/Tailor |
| B21 Barber/Beautician/Hairstylist | F22 Flight Attendant | S71 Security Guard |
| B31 Broker/Registered Rep | F32 Human Resources Professional | S81 Social Worker |
| B41 Business Executive (VP, Director, etc.) | I41 Importer/Exporter | T41 Teacher/Professor |
| B51 Business Owner | I51 Inspector/Investigator | T51 Technician |
| C81 Caregiver | I81 Investor | T61 Teller |
| C91 Carpenter/Construction Worker/Contractor | I91 IT Professional/IT Associate | T71 Tradesperson/Craftsperson |
| C22 Cashier | J31 Janitor | T81 Trainer/Instructor |
| C32 Chef/Cook | J41 Jeweler | U21 Underwriter |
| C42 Chiropractor | L31 Laborer | V11 Veterinarian |
| C52 Civil Servant | L41 Landscaper | W21 Writer/Journalist/Editor |
| C62 Clergy | M91 Mechanic | |
| C72 Clerk | M22 Military, Officer or Associated | |
| | M32 Mortician/Funeral Director | |

Industry of Occupation Codes

| | | |
|--|--|--|
| A11 Accounting | F11 Fashion/Clothing | O31 Other; If Other, include a description in the Industry of Occupation box |
| A21 Advertising/Marketing | F21 Financial Services | P11 Parking and Car Washes |
| A31 Aerospace/Defense | F51 Firearms and Explosives | P21 Pawn Shops/Brokers |
| A41 Agriculture/Forestry | G11 Gaming/Casino/Card Club | P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.) |
| A51 Amusement and Recreation | G21 Government/Public Administration | P41 Pharmaceuticals |
| A61 Animal Services and Veterinary | G31 Grocery/Supermarket | P51 Printing/Publishing |
| A71 Architecture/Design | H11 Healthcare/Medical Services | P71 Professional/Civic Organizations (Non-Retail) |
| A81 Arts/Antiques | H21 Hotel/Hospitality | R11 Real Estate |
| A91 Athletics/Fitness | I11 Import/Export | R21 Religious Organization |
| A32 Automotive | I21 Information Technology (IT) | R31 Repair Services - Home, Auto, and Other |
| B11 Aviation | I31 Insurance | R41 Restaurant/Food Service |
| C11 Bar/Nightclub/Adult Entertainment Club | J11 Jewelry, Gems, and Precious Metals | R51 Retail Sales/Retail Trade |
| C21 Childcare | L11 Legal Services/Public Safety | S11 Science and Biotechnology |
| C31 Cleaning/Janitorial/Housekeeping | L21 Logistics/Supply Chain | S21 Security |
| C41 Communications/Telecommunications | M11 Manufacturing | T11 Transportation |
| C51 Construction/Carpentry/Landscaping | M21 Maritime | T31 Travel |
| C61 Convenience Store/Liquor Store/Gas Station | M31 Media/Entertainment | U11 Utilities (Public) |
| C71 Customer Service and Support | M41 Mining, Oil, and Gas | W11 Wholesale Sales/Trade |
| E11 Education | M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange) | |
| E21 Embassy/Consulate | N11 Non-Profit/NGO (Non-Government Agency)/Charity | |
| E31 Energy | | |
| E41 Engineering | | |