



Trust Account Registration Conversion Form

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

If you have additional questions, please visit our website at www.tdameritrade.com or call us at 800-669-3900.

Note: If adding trustee(s), the new trustee(s) agree to be bound by any agreements, privileges, and/or features already established on the account. The tax reporting number listed on the account at end of year will be the tax reporting number used for the entire year. Please consult a tax advisor if you have any additional questions.

For accounts using the TD Ameritrade Investment Management, LLC advisory service: The account modification privileges in the margin, options, and check writing sections are not applicable to TD Ameritrade Investing Accounts using the advisory service of TD Ameritrade Investment Management, LLC and any responses in these sections will not be applied to your account. In addition to this form, you must also fill out the Personal and Financial Information Form to update your account with any changes in your financial situation or investment objectives.

1. REQUEST TYPE

Account Number:

Account Title:

Change Individual or Joint Account to Trust Account – Fill out Sections 2-12 (13 and 14 if wanting options).

Converting or Changing Trustees – Fill out Sections 2-12 (13 and 14 if wanting options). Please provide a copy of the trust document.

2. TRUST INFORMATION

Title of Trust:

Date of Formation:
(MM-DD-YYYY)

Date of Last Amendment to the Trust:
(MM-DD-YYYY)

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:
(if applicable)

Street 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: Check here if this is not a U.S. phone number

Secondary Phone:

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: \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000+

Approximate net worth: (not including primary residence) \$0 - \$14,999 \$15,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999 \$500,000 - \$999,999 \$1,000,000 - \$1,999,999 \$2,000,000+

Approximate liquid net worth: (cash, stocks, etc.) \$0 - \$14,999 \$15,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999 \$500,000 - \$999,999 \$1,000,000 - \$1,999,999 \$2,000,000+



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"/> Investments	<input type="checkbox"/> Unemployment/Disability	<input type="checkbox"/> Legal Settlement
	<input type="checkbox"/> Lottery/Gaming	<input type="checkbox"/> Spousal/Parental Support	<input type="checkbox"/> Other (describe source of funds): _____	

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"/> Investments	<input type="checkbox"/> Unemployment/Disability	<input type="checkbox"/> Legal Settlement
	<input type="checkbox"/> Lottery/Gaming	<input type="checkbox"/> Spousal/Parental Support	<input type="checkbox"/> Other (describe source of funds): _____	

3. TRUSTEE INFORMATION

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

Full Legal Name (required):	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Date of Birth: (MM-DD-YYYY)	Number of Dependents:	U.S. Social Security Number: (SSN)
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Home Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
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Mailing Address:
(if different from above)

City:	State:	ZIP Code:	Country:
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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
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Fax Number:

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

Please specify if you are:
 Employed Unemployed Retired Homemaker Student Self-Employed

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 Code: _____ Industry of Occupation Code: _____

Employer Street Address:

City:	State:	ZIP Code:	Country:
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<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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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:
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* Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement.

4. CO-TRUSTEE INFORMATION

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

Full Legal Name (required):

Marital Status:

Single Married Divorced Widowed

Date of Birth:
(MM-DD-YYYY)

Number of Dependents:

U.S. Social Security Number:
(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: Check here if this is not a U.S. phone number

Secondary Phone:

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:

Employed Unemployed Retired Homemaker Student Self-Employed

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 Code:

Industry of Occupation Code:

Employer Street Address:

City:

State:

ZIP Code:

Country:

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?
 Yes No

Specify Visa Type:

Visa Number:

Expiration:

* Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement.

5. AFFILIATIONS

Check here if the Trustee(s), their spouses, any member of their immediate families, including parents, in-laws, siblings, and dependents is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company ticker symbol, name, address, city, and state:

Check here if the Trustee(s), their spouses, any member of their immediate families living in the same household, 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 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(s), their spouses, or any member of their immediate families, 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(s), their spouses, or any member of their immediate families, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity and being compensated for providing investment advice on this account. Specify the name of the licensed professional, their relationship to the trustee, and if associated with an entity:

6. TRADE CONFIRMATIONS

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 do not 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.

7. INVESTMENT OBJECTIVES

For definitions regarding investment objectives, please see page 8 of the conversion form.

Select the degree of risk you are willing to take with the assets in this account:

Conservative Moderate Aggressive Speculative

Select the primary investment objective for this account:

Conservation Moderate Moderate Growth Growth Aggressive Growth

Select the secondary investment objectives for this account:
(Check at least one or all that apply)

Conservation Moderate Moderate Growth Growth Aggressive Growth None

Select the liquidity needs for this account:
(Check only one that applies)

Within 3 months 4 - 6 months 7 - 9 months 10 - 12 months More than 1 year

Select the investment time horizon for this account:

Less than 1 year 1 - 3 years 4 - 6 years 7 - 9 years 10 - 12 years 13 years or more

8. MARGIN PRIVILEGES

Please provide all of the income information above for the Trust in section 2. **All qualified accounts are opened as margin accounts.** A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook. You must decline margin privileges if the governing documents of the Trust do not authorize margin borrowing.

Check this box to decline margin privileges.

9. CASH SWEEP VEHICLE CHOICES

You offer me choices in managing all aspects of my portfolio. This includes offering different programs to earn interest on the cash in my account through our Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If I do not make a selection, my cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with a household value greater than \$500,000 and cash balances of more than \$100,000.** I understand my account statement will include sweep transactions involving money market funds in lieu of immediate trade confirmations.

TD Ameritrade FDIC Insured Deposit Account (IDA)

TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation [SIPC])

10. CHECK WRITING/DEBIT CARD

If you are adding a trustee to the account, the new trustee will also be able to sign checks and use a debit card against funds in this account. The new trustee will also be bound by the terms and conditions of the TD Ameritrade Checking/Debit Card Agreement. If you would like new checks or a new card with the new trustee's name on them please check the boxes below.

Trustees who are removed will no longer be able to sign checks against this account. Any existing checks/debit cards will be invalid. Any automatic transactions established on the account are now canceled, and you will need to re-establish new automatic transactions. Please check the check order box below to get a new set of checks without the removed trustee's name.

Send me a new order of checks.

Note that if you are adding a new trustee we will only mail checks to the original trustee's address, which will be printed on the checks.

Send me a debit card for my new trustee.

Note that we can only add checks and cards for a trustee if the account is already enabled with checks and debit cards.

11. 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:

12. ACCOUNT AGREEMENT

I have received and read the Client Agreement, which is incorporated by this reference, and which will govern my account. I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the name(s) set forth below. I understand that by adding a cotrustee to my Account, I am authorizing you to follow and act upon all instructions from cotrustee, including but not limited to, the ability to place trades, change account information, disburse funds, and or delete services, and, if applicable, write checks and use debit card services. 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 and 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 it has 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 nondeposit investments purchased through TD Ameritrade are not insured by the 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.

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 Account trustees must sign. If you wish to trade options in your account, complete the Options Account Investment Profile and 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. The agreement to arbitrate does not constitute a waiver of any right provided to me by the Advisers Act, including the right to choose the forum, whether arbitration or adjudication, in which to seek resolution of disputes.

X Trustee's Signature:

X Co-Trustee's Signature:

Date:

Date:

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

OPTIONS ACCOUNT

Due to the risks involved in options, we are required to obtain the following information. The Financial Information section must be completed to be considered for options. You must decline options privileges if the governing documents of the Trust or Business does not authorize options trading.

Check this box to decline options privileges.

13. OPTIONS OBJECTIVES

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

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"/> Tier 1 - Covered Write covered calls Write cash-secured puts	<input type="checkbox"/> Tier 2 - Standard Cash Purchase options + Tier 1 - Covered	<input type="checkbox"/> Tier 2 - Standard Margin Create spreads Write covered puts + Tier 2 - Standard Cash	<input type="checkbox"/> Tier 3 - Advanced Write uncovered options + Tier 2 - Standard Margin
	MARGIN REQUIRED Tier 2 - Standard Margin and Tier 3 - Advanced require a margin account. If you select either of these tiers, you will automatically be applying for options and margin approval.			

14. 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. I understand that TD Ameritrade will not review the Trust Agreement and I represent and warrant that the Trust allows for the trading of options in this Account at the level requested by me.

X Trustee's Signature:	X Co-Trustee's Signature:
Date:	Date:

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

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

INVESTMENT OBJECTIVES DEFINITIONS

Conservation:

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		