# Individual Retirement Account (IRA) Application



#### **Return Options:**

Electronically via Message Center:

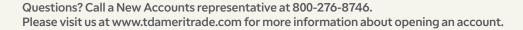
Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

Overnight Mail: 200 South 108th Avenue Omaha, NE 68154-2631

Fax: 866-468-6268





# Type of IRA

- Please select only one. O **Traditional (Individual Contributory) IRA** A tax-deferred savings plan. Contributions may be tax-deductible. All distributions are subject to taxes when withdrawn.
  - O Roth IRA A savings plan like the Traditional IRA. Contributions are not tax-deductible, but qualified distributions are federal-tax-free.
  - O Rollover (Non-Contributory) IRA An IRA that receives money from a qualified employer plan, such as a 401(k). This IRA retains equity until it is rolled over into another IRA or qualified employer plan.
  - O (SEP) Simplified Employee Pension Plan IRA An employer-run savings plan. The employer has adopted the 5305-SEP plan.
  - O (SIMPLE) Savings Incentive Match Plan for Employees IRA An employer-run savings plan that is in the form of an IRA. The employer has adopted either the 5304-SIMPLE or 5305-SIMPLE plan.



## **Account Owner Information**

Name Prefix (optional): C	Mr. OMrs. OMs. ODr. O	Rev.	
First Name:	Middle	Name: Last Name:	
Date of Birth:	Number of Depende	nts: U.S. Social Security Number:	Mother's Maiden Name:
Home Address: (no PO box	( or mail drop)		
City:	State:	Zip Code:	Country:
Mailing Address: (if differe	nt from above)		
City:	State:	Zip Code:	Country:
Primary Phone number:  O Check here if this is not a U.	S. phone number	Secondary Phone number: O Check here if this is not a U.S. phone num	nber



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## Section 2, Account Owner Information continued

Fax number:		and trade confirmations):				
Please specify if you are:						
O Employed O Unempl	loyed O Retired O Homemak	er O Student O Self-Employed				
Employer Name (If Self-Er	mployed, provide the name of your	business):				
Please choose from the list pro	ovided on page 12 the occupation code a	and industry of occupation code that most a	ccurately describes your situation.			
Occupation Code:		Industry of Occupation Code:				
Employer Address:						
City:	State:	Zip Code:	Country:			
Annual Income: O \$0-\$24,999 O \$2	5,000-\$49,999 O \$50,000-\$9	9,999	O \$250,000+			
Approximate Net Worth: (	(not including primary residence)					
O \$0-\$14,999	O\$15,000-\$49,999	O \$50,000-\$99,999	O \$100,000-\$249,999			
O \$250,000-\$499,999	O \$500,000-\$999,999	O \$1,000,000-\$1,999,999	O \$2,000,000+			
Approximate Liquid Net W	Vorth: (cash, stocks, etc.)					
O \$0-\$14,999	O\$15,000-\$49,999	O \$50,000-\$99,999	O \$100,000-\$249,999			
O \$250,000-\$499,999	O\$500,000-\$999,999	O \$1,000,000-\$1,999,999	O \$2,000,000+			
What best describes the ir	nitial source of funds for this accoun	ıt?				
O Employment/Wages	O Retirement Funds	O Gift	O Savings			
O Inheritance/Trust	O Investments	O Unemployment/Disability	O Legal Settlement			
O Lottery/Gaming	O Spousal/Parental Support	O Other (describe source of funds):				
What best describes the o	ngoing source of funds for this acco	ount?				
O Employment/Wages	O Retirement Funds	O Gift	O Savings			
O Inheritance/Trust	O Investments	O Unemployment/Disability	O Legal Settlement			
O Lottery/Gaming	O Spousal/Parental Support	O Other (describe source of funds):				

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## Section 2, Account Owner Information continued

O Check here if you are <b>NOT</b> a U.S. citizen.	Country of Citizenship:							
Country of Dual/Secondary Citizenship (if applicable):	Country of Birth:							
Non-U.S. citizens*: Do you hold a current U.S. immigration visa	? O Yes O 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. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8. This form can be found on the TD Ameritrade Forms Library: https://www.tdameritrade.com/form-library.								
O Check here if you, your spouse, any member of your immediate families living in the same household, 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 company name, ticker symbol, address, city, and state:								
O Check here if you, your spouse, any member of your 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):								



# **Investment Objectives**

definitions regarding investment objectives, please see page 11 of the application. Select the degree of risk you are willing to take with the assets in this account:

O Conservative	O Moderate	O Aggressive	O Speculative			
Select the primary in						
O Conservation	O Moderate	O Moderate Growth	O Growth	O Growth O Aggressive Growth		
Select the secondary	investment objective	s for the account: (Check a	at least one or all tha	t apply)		
O Conservation	O Moderate	O Moderate Growth	O Growth	O None		
Select the liquidity ne	Select the liquidity needs for this account: (Check only one that applies)					
O Within 3 months	O 4 - 6 months	6 months O 7 - 9 months O 10 - 12 months O More than 1 year				
Select the investmen	t time horizon for this	account:				
O Less than 1 year	O1-3 years	O 4 - 6 years	O 7 -9 years	O 10-12 years	O 13 years or more	

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## **Margin Privileges**

All qualified accounts are opened as margin-eligible accounts unless you decline margin privileges in this section.

To learn more about the use of margin in a retirement account and the associated risks involved, read the Margin Account Handbook and the Margin Disclosure Document located within the forms library: https://www.tdameritrade.com/form-library.

O Check this box if you want to decline margin privileges. If you do not check the box, your account will be opened as a margin account if it qualifies. By submitting this Account Application without checking the box to decline margin privileges, you represent that you understand and agree that margin features are subject to the terms and conditions of the Client Agreement, which you have agreed to by submitting this Account Application. You understand and acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. You also acknowledge that if you trade "on margin" you are borrowing money from TD Ameritrade and that you understand the requirements and risks associated with margin as summarized in the Margin Account Handbook and Margin Disclosure Document.



# **Funding Your Account**

- O Regular contribution\*
  - O Current tax year
  - O Previous tax year
- O Direct transfer from another IRA\*\*
- O Direct rollover\*\* Irrevocable Qualifying Direct Rollover from my employer's plan 401(k), 403(b), profit-sharing plan, etc. **OR** 60-Day rollover\*\* Account Owner agrees to be bound by the election of this deposit as an Irrevocable Qualifying Rollover and attests to the following: the funds deposited do not contain any amounts from a Required Minimum Distribution; are being deposited within the allowable 60-day time period; and this is the only rollover by the Account Owner within the last 12 months.
  - \* If no box is checked, the contribution will be reported as a current-year contribution. **Per IRS regulations, securities cannot be used to satisfy personal or employer contributions.**
  - \*\* How are a transfer and a rollover different? A rollover is the result of a distribution from a qualified plan or IRA. A transfer of an IRA is the result of a direct transfer from one institution to another. Contact the sending financial institution if you have questions about how your funds are being processed.



# **Designation of Beneficiary**

You must designate at least one primary beneficiary. If you select coprimary beneficiaries, indicate the percentage of your account you are designating to each. If a primary beneficiary dies prior to the Account Owner, the remaining portion shall be payable proportionately to any surviving primary beneficiaries. You may also designate contingent beneficiaries in the event that your primary beneficiaries do not outlive you. In the event that TD Ameritrade is unable to identify the beneficiaries from the documents provided, the Custodial Agreement will control.

State trust law may vary as to the legality of IRA beneficiaries naming subsequent beneficiaries. Please consult a qualified tax advisor or attorney regarding the applicable trust law for your state of residence. If you name a trust, entity or estate as your beneficiary, additional documentation and certifications will be required to request distribution beyond the named trust, entity, or estate.

If you are married and live in a state with community property statutes and do not designate your spouse as the sole beneficiary, you represent and warrant that your spouse has consented to such designation. Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries. If percentages are not indicated, they will be deemed equal shares. If percentages indicate an attempt to distribute as equal shares, but do not add up to 100%, the first named beneficiary will receive a slightly higher percentage (for instance, if you indicate 33%, 33.3%, or 33.33% for all three beneficiaries, TD Ameritrade will round the first beneficiary's percentage up to 33.34% and the other two beneficiaries will each receive 33.33%). Further, when securities cannot be evenly distributed, or there are unclaimed securities, the Account Owner requests that such securities be liquidated and any proceeds from the liquidation be distributed in the percentages requested to the named Beneficiaries.

Subject to the condition(s) set forth in this section, I designate the following as the beneficiary(ies) of my IRA:

All Beneficiary information is required. Please complete all fields.

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# **Designate your Primary Beneficiary(ies)**

Primary Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes								
	Beneficiary's Name:	SSN/TIN: 							
	Relationship:	Date of Birth/UA Date/Date of Formation:							
Primary Share %:	Beneficiary is: O An individual O A trust C	O Other (custodianship, charity, corporation, etc.)   O Per Stirpes							
	Beneficiary's Name:	SSN/TIN: 							
	Relationship:	Date of Birth/UA Date/Date of Formation:							
Primary Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)								
	Beneficiary's Name:	SSN/TIN: 							
	Relationship:	Date of Birth/UA Date/Date of Formation:							
Primary Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes								
	Beneficiary's Name:	SSN/TIN: 							
	Relationship:	Date of Birth/UA Date/Date of Formation:							
Primary Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)   O Per Stir								
	Beneficiary's Name:	SSN/TIN: 							
	Relationship:	Date of Birth/UA Date/Date of Formation:							
Total:	% Total must add up to 100%								

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# **Designate your Contingent Beneficiary(ies)**

Contingent Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)							
	Beneficiary's Name:	SSN/TIN:						
	Relationship:	Date of Birth/UA Date/Date of Formation:						
Contingent Share %:	Beneficiary is: O An individual O A trust O C	Other (custodianship, charity, corporation, etc.) O Per Stirpes						
	Beneficiary's Name:	SSN/TIN:						
		OR						
	Relationship:	Date of Birth/UA Date/Date of Formation:						
Contingent Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)							
	Beneficiary's Name:	SSN/TIN:						
		OR						
	Relationship:	Date of Birth/UA Date/Date of Formation:						
Contingent Share %:	Beneficiary is: O An individual O A trust O C	Other (custodianship, charity, corporation, etc.)   O Per Stirpes						
	Beneficiary's Name:	SSN/TIN:						
		OR						
	Relationship:	Date of Birth/UA Date/Date of Formation:						
Contingent Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)							
	Beneficiary's Name:	SSN/TIN:						
		OR						
	Relationship:	Date of Birth/UA Date/Date of Formation:						
Total:	% Total must add up to 100%							

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Mailing Address:

# **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.

period are eligible to re	ceive free paper statement and confirmation delivery.
If I elect to receive either when available.	er electronic statements or electronic confirmations, I will receive shareholder information electronically
Account Statement:	
O Electronic Monthly	O Paper Monthly (\$2 fee may apply each month) O Paper Quarterly (\$2 fee may apply each quarter)
Trade Confirmation:	
O Electronic	O Paper
services so they may behalf and will forwa	d this box, TD Ameritrade is required to share my name and address with the companies I invest in through your contact me directly about my investment. If I direct you not to share, you will receive the information on my rd it to me. Shareholder information includes proxy material, prospectuses, annual reports, and other corporate some cases, regulations may require sharing information with the companies in which I have invested despite
Cash Sweep V	'ehicle
Balance programs. See are available for client	be deposited in the <b>TD Ameritrade FDIC Insured Deposit Account (IDA)</b> as a part of the Cash the Client Agreement for a complete description of the Cash Sweep program. <b>Other sweep choices s with household values greater than \$500,000 and cash balances of more than \$100,000.</b> It statement will include sweep transactions involving bank deposits or money market funds in lieu of mations.
	de in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes,
Offer Code:	212.
Trusted Conta	act (Optional)
questions or concerns a exploitation; if TD Ame guardian, executor, trus to contact me about my	ion, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial ritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal stee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable y account(s) held at TD Ameritrade. Please review the Client Agreement for the full terms and conditions eritrade uses this information.
	ontact must be someone other than an account owner. You may provide more than two Trusted Contact g and signing additional Authorization Forms.
First Name:	Middle Initial:   Last Name:
Relationship:	
Phone number:	Email:

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	City:		State:	Zip Code	:	Country:					
	First Name:		Middl	e Initial: Las	st Name:						
	Relationship:										
	Phone number:			Email:							
	City:		State:	Zip Code	:	Country:					
	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.  O Check this box to decline options privileges.										
	Options Obj	<b>jectives</b> (On	ly required	if applying	for options.)						
regarding	Types of Transaction	ons: <i>(Check all tha</i> O Bonds	t apply)  O Options								
objectives,											
page 11 of the application.	What Are Your Opt O Growth	ions Investment C O Speculation	Objectives: ( <i>Check</i> O Income		vation of Capital						
	What Type of Activity Do You Plan to Conduct in Your Options Account?										
	O Tier 1 - Covered Write covered ca Write cash-secur	alls	Tier 2 - Standard Purchase option + Tier 1 - Covere	Cash	O Tier 2 - Standard Margin Create spreads Write covered puts + Tier 2 - Standard Cash						
					this tier, you will automatically	whether you checked the box to					
	Acccount O	Account Owner Options Objectives (Only required if applying for options.)									
	Years of Investmen	nt Experience:									
	O Less than 1 year	O 1-2 years	O 3-5 years	O 6-9 years	O 10+ years						
	Investment Knowl	dege or Education	n:								
	O Limited	O Good	O Extensive	O Professiona	al Trader						

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## **Individual Retirement Account Agreement**

I am establishing an Individual Retirement Account (IRA) Plan under the TD Ameritrade Clearing, Inc. (Custodian) Prototype Individual Retirement Plan and Custodial Agreement, which is incorporated by reference. I understand that the account is subject to rules and regulations of the United States Internal Revenue Service, and that the funding of the account may have significant tax and financial consequences. I accept responsibility for the information contained in this application and affirm such information is true and correct. I agree to indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement.

I designate TD Ameritrade Clearing as Custodian and make the following declaration: Having received and read the Custodial Agreement, I understand that the Custodian will invest and reinvest my account assets only with written direction from me or from a properly appointed investment manager. This document constitutes my authority to execute all trades for my IRA. Confirmations and statements will verify such instructions. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing unless otherwise instructed.

**For Individual (Contributory) IRAs:** I direct TD Ameritrade Clearing to maintain my deductible, rollover, and direct rollover contribution(s) in a Contributory IRA.

If a nonresident alien, I declare that I have "earned income" actually and actively earned within the United States. Earned income does not include, among other things, money earned from property, interest or dividend income, or money received from a pension or annuity, as deferred compensation or as a deferred incentive award.

I understand this Designation of Beneficiary will be effective on the date received by the Custodian. This Designation of Beneficiary will remain in full force and effect until such time as the Custodian is in actual receipt of a written revocation or change of beneficiary signed by me and in such form and substance as the Custodian deems necessary. If I change the beneficiaries, all previously designated beneficiaries no longer have the right to receive benefits under this Agreement.

I understand that nondeposit 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.

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.

This application provides for the deposit of funds or securities into the account. I understand that the funding of this account is subject to the rules and regulations of the U.S. Internal Revenue Service and that my failure to abide by such rules and regulations may have important and possibly irrevocable tax and financial consequences. I attest that the funding information provided is true and correct, authorize TD Ameritrade to deposit the funds or securities according to the funding instructions, and assume full responsibility for this funding transaction. I release and agree to indemnify and hold harmless TD Ameritrade Clearing from any and all liability and claims for damages from any adverse consequences that may result.

I acknowledge that I have received and read the Client Agreement, available at tdameritrade.com or by calling 800-276-8746, which 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 sign a 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.

If you wish to trade options in your account, complete the Options Account section.

If an options account has been requested, I 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.

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#### Section 12, Individual Retirement Account Agreement continued

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.

Account Owner's Signature:	Date	:						
X	l	ı	ı			ı	ı	ı
			-		-			

## Sign Here

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

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

TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc., members FINRA/SIPC, are subsidiaries of The Charles Schwab Corporation.

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## **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.

**Speculation:** 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.

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## **Occupation Codes**

	opation codes				
	Accountant/Auditor/Bookkeeper		Compliance/Regulatory Professional		Nurse
	Adjuster		Consultant		Office Associate
	Advertiser/Marketer/PR Professional		Counselor/Therapist	021	Other; If Other, include a description
	Air Traffic Controller		Customer Service Representative		in the Occupation box.
	Ambassador/Consulate Professional	D11	Dealer	P81	Pharmacist
	Analyst		Dentist	P91	Physical Therapist
A63	Appraiser	D31	Distributor	P22	Pilot
A73	Architect/Designer	D41	Doctor/Surgeon/Physician	P32	Police Officer/Firefighter/
A83	Artist/Performer/Actor/Dancer	D51	Driver		Law Enforcement Professional
A93	Assistant/Executive Assistant	E51	Engineer	P42	Politician
A44	Athlete	E71	Exterminator	P52	Project Manager
A64	Attorney/Judge/Legal Professional	F71	Factory/Warehouse Worker	R81	Real Estate Professional
A74	Auctioneer	F81	Farmer/Rancher	R71	Researcher
L51	Banker/Lending Professional	F91	Financial Planner/Advisor	S41	Salesperson
B21	Barber/Beautician/Hairstylist	F22	Flight Attendant	S51	Scientist
B31	Broker/Registered Rep	F32	Human Resources Professional	S61	Seamstress/Tailor
B41	Business Executive (VP, Director, etc.)	141	Importer/Exporter	S71	Security Guard
B51	Business Owner	151	Inspector/Investigator	S81	Social Worker
C81	Caregiver	181	Investor	T41	Teacher/Professor
C91	Carpenter/Construction Worker/	191	IT Professional/IT Associate	T51	Technician
	Contractor	J31	Janitor	T61	Teller
C22	Cashier	J41	Jeweler	T71	Tradesperson/Craftsperson
C32	Chef/Cook	L31	Laborer	T81	Trainer/Instructor
C42	Chiropractor	L41	Landscaper	U21	Underwriter
	Civil Servant	M91	Mechanic	V11	Veterinarian
C62	Clergy		Military, Officer or Associated		Writer/Journalist/Editor
	Clerk		Mortician/Funeral Director		
			,		

#### Industry of Occupation Codes

Indi	istry of Occupation Codes				
A11	Accounting	F11	Fashion/Clothing	031	Other; If Other, include a description
A21	Advertising/Marketing	F21	Financial Services		in the Industry of Occupation box
A31	Aerospace/Defense	F51	Firearms and Explosives	P11	Parking and Car Washes
A41	Agriculture/Forestry	G11	Gaming/Casino/Card Club	P21	Pawn Shops/Brokers
A51	Amusement and Recreation	G21	Government/Public Administration	P31	Personal Care/Hygiene (Beauty,
A61	Animal Services and Veterinary	G31	Grocery/Supermarket		Salon, Cosmetics, Massage, etc.)
A71	Architecture/Design	H11	Healthcare/Medical Services	P41	Pharmaceuticals
A81	Arts/Antiques	H21	Hotel/Hospitality	P51	Printing/Publishing
A91	Athletics/Fitness	111	Import/Export	P71	Professional/Civic Organizations
A32	Automotive	121	Information Technology (IT)		(Non-Retail)
B11	Aviation	131	Insurance	R11	Real Estate
C11	Bar/Nightclub/Adult Entertainment Club	J11	Jewelry, Gems, and Precious Metals	R21	Religious Organization
C21	Childcare	L11	Legal Services/Public Safety	R31	Repair Services - Home, Auto,
C31	Cleaning/Janitorial/Housekeeping	L21	Logistics/Supply Chain		and Other
C41	Communications/Telecommunications	M11	Manufacturing	R41	Restaurant/Food Service
C51	Construction/Carpentry/Landscaping	M21	Maritime	R51	Retail Sales/Retail Trade
C61	Convenience Store/Liquor Store/	M31	Media/Entertainment	S11	Science and Biotechnology
	Gas Station	M41	Mining, Oil, and Gas	S21	Security
C71	Customer Service and Support	M51	Money Services Businesses (Check	T11	Transportation
E11	Education		Cashing, Money Transmitting, Payday	T31	Travel
E21	Embassy/Consulate		Loans, Currency Exchange)	U11	Utilities (Public)
E31	Energy	N11	Non-Profit/NGO (Non-Government	W11	Wholesale Sales/Trade
E41	Engineering		Agency)/Charity		

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