



### Section 3, Entity Information Continued

\*Business 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 number:

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

Secondary Phone number:

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

Fax number:

\_\_\_\_\_

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

U.S. Entity      State/Province of Formation: \_\_\_\_\_ Meeting/Resolution Date: \_\_\_\_\_

\*Foreign Entity – Country of Formation:  
*(complete appropriate Form W-8)* \_\_\_\_\_

Type of Business: (Please choose from the list provided on Page 15 the industry of occupation code that most accurately describes your situation.)

In the space provided, please describe how your entity generates income:

Is this a Pooled Asset Vehicle?  
 Yes     No

If this entity is a publicly traded company,  
please specify the stock symbol:

\*If a U.S. address is listed for a Foreign Entity, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

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## Affiliations

- Check here if any Officer, their spouse, any member of their immediate family 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 name of the affiliated person/Officer, the company name, ticker symbol, address, city, and state:**
- Check here if any Officer, their spouse, any member of their immediate family 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 this affiliated entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application). **Specify the name of the affiliated person/Officer:**
- Check here if any Officer, 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 affiliated person/Officer and Investment Advisor company name:**
- Check here if any Officer, 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 affiliated person/Officer:**

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## 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.

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## President or Sole Proprietor Information

- Check here if this is a domestic entity and this person owns 25% or more.
- Check here if this is a foreign entity and this person owns 10% or more.
- I am the sole officer.

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

Please provide First Name: \_\_\_\_\_ | Middle Name: \_\_\_\_\_ | Last Name: \_\_\_\_\_  
your full legal name

Date of Birth: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

Home Address: (no PO box or mail drop)

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_ | Country: \_\_\_\_\_

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 15 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code: **13-2011** Industry of Occupation Code: **13-2011**

Employer Address:

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_ | Country: \_\_\_\_\_

Check here if you are **NOT** a U.S. citizen. Country of Citizenship:

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 copy of a current passport, and a copy of a bank or brokerage statement.

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## Vice President Information

- Check here if this is a domestic entity and this person owns 25% or more.
- Check here if this is a foreign entity and this person owns 10% or more.

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

Please provide your full legal name

First Name:  Middle Name:  Last Name:

Date of Birth:  Number of Dependents:  U.S. Social Security Number:

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Home Address: (*no PO box or mail drop*)

City:  State:  Zip Code:  Country:

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 15 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code:

Industry of Occupation Code:

Employer Address:

City:  State:  Zip Code:  Country:

- Check here if you are **NOT** 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?  Yes  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.

## Treasurer Information

Check here if this is a domestic entity and this person owns 25% or more.  
 Check here if this is a foreign entity and this person owns 10% or more.

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

Please provide your full legal name

First Name:	Middle Name:	Last Name:
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Date of Birth: Number of Dependents: U.S. Social Security Number:

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: (no PO box or mail drop)

City:	State:	Zip Code:	Country:
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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 15 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code:

Industry of Occupation Code:

Employer Address:

City:	State:	Zip Code:	Country:
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Check here if you are **NOT** 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?  Yes  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.



## Section 10, Beneficial Owners Continued

Date of Birth: ---- U.S. Social Security Number: --

Check here if you are **NOT** 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?  Yes  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.

## Beneficial Owner #2

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

Please provide your full legal name

First Name:  Middle Name:  Last Name:

Home Address: (*no PO box or mail drop*)

City:  State:  Zip Code: - Country:

Date of Birth:  U.S. Social Security Number: --

Check here if you are **NOT** 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?  Yes  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.

## Beneficial Owner #3

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

Please provide your full legal name

First Name:  Middle Name:  Last Name:

Home Address: (no PO box or mail drop)

City:  State:  Zip Code:  Country:

Date of Birth:  U.S. Social Security Number:

Check here if you are **NOT** 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?  Yes  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.

## Beneficial Owner #4

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

Please provide your full legal name

First Name:  Middle Name:  Last Name:

Home Address: (no PO box or mail drop)

City:  State:  Zip Code:  Country:

Date of Birth:  U.S. Social Security Number:

Check here if you are **NOT** 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?  Yes  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.

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## 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.

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Section 13, Trusted Contacts Continued

First Name:	Middle Initial:	Last Name:	
Relationship:			
Phone number:	Email:		
Mailing Address:			
City:	State:	Zip Code:	Country:

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## Investment Objectives

For definitions regarding investment objectives, please see page 14 of the application.

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

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## Financial Information

Please provide all of the requested financial information based on the entity.

Annual Net Profit:

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

Approximate Net Worth: (not including place of business)

\$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+

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## Margin Privileges

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 Business do not authorize margin borrowing.

Check this box to decline margin privileges and open the account as cash-only.

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## Options Account

Due to the risks involved in options, I understand you 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 Business do not authorize options trading.

Check this box to decline options privileges.

### Options Objectives (Only required if applying for options.)

Please provide all of the requested information based on the entity.	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"/> Speculation <input type="checkbox"/> Income <input type="checkbox"/> Conservation of Capital							
For definitions regarding options objectives, please see page 14 of the application.	What Type of Activity Do You Plan to Conduct in Your Options Account? <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Tier 1 - Covered Write covered calls Write cash-secured puts         </td> <td style="width: 50%;"> <input type="checkbox"/> Tier 2 - Standard Cash Purchase options + Tier 1 - Covered         </td> <td style="width: 50%;"> <input type="checkbox"/> Tier 2 - Standard Margin Create spreads Write covered puts + Tier 2 - Standard Cash         </td> <td style="width: 50%;"> <input type="checkbox"/> Tier 3 - Advanced Write uncovered options + Tier 2 - Standard Margin         </td> </tr> </table>				<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
<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					
	<b>MARGIN REQUIRED</b> 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.							

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## 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 your 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 household values 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.

Please select  TD Ameritrade FDIC Insured Deposit Account (IDA)  
only one.  TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))



I hereby certify I am the Secretary of the above-named corporation (or nonincorporated association) duly organized and existing under the laws of the above-named state, and that the following is a true copy of a resolution duly adopted by the board of directors of said corporation (or nonincorporated association) at a meeting held on the date stated in Section 3, at which meeting a quorum was present and acting throughout, or by unanimous consent of the board of directors, and that such resolution has not been rescinded or modified and is in full force and effect.

RESOLVED, that the President, Vice President, and the Treasurer of this corporation (or nonincorporated association), or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over, and deliver any and all shares of stock, bonds, debentures, notes, evidences of indebtedness, or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation (or nonincorporated association), to purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

I further certify that the authority hereby conferred is consistent with the charter or bylaws of this corporation (or nonincorporated association). Unless indicated above that I am a sole officer, the previous is a true and correct list of the officers of this corporation (or nonincorporated association) as of the present date and a record of the officers' signatures:

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation (or nonincorporated association) this date:

**Sign Here**

Secretary's Signature (or sole officer):

**X**

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

Printed Name:

Date

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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.

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

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## Occupation Codes

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

## Industry of Occupation Codes

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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		