

# SYNGENTA CORN SEED SETTLEMENT PROGRAM

**P1**

## PRODUCER CLAIM FORM

This Claim Form and Consent Authorization will be solely used by the Claims Administrator to process claims under the Syngenta Corn Seed Settlement Program (“the Settlement”) and to get information from the FSA to process these claims. Go to [www.CornSeedSettlement.com](http://www.CornSeedSettlement.com) to submit your Claim Form online. If you cannot submit your claim online, complete, sign, and return this Claim Form to:

Corn Settlement Claims Administrator, P.O. Box 26226, Richmond, VA 23260.

### I. Producer Information

<b>Producer Information</b>	First	Middle Initial	Last	Suffix
	Farm or Business Name (if applicable)			
<b>Mailing Address (not the farm location)</b>	Street Address 1			
	Street Address 2			
	City	State	Zip Code	
<b>Social Security Number or Tax ID Number for this Producer</b>				
<b>Email Address</b>				
<b>Phone Number</b>				

### II. USDA and FSA Consent & Authorization

The claims process ordered by the Court is designed to compensate eligible Corn Producers using government data including FSA 578 and/or Crop Insurance (RMA) data. By signing this section, I hereby formally request and authorize the USDA/FSA and USDA/RMA to promptly produce to the Claims Administrator electronic copies of the complete, unabridged contents of my FSA-578 forms and any crop insurance data (RMA) in connection with the acres I planted Corn in any and all of Marketing Years 2013-18. This information will be kept confidential and secure, used only for the purpose of determining your settlement payment, and destroyed at the conclusion of this Settlement.

<b>Producer Signature</b>			<b>Date</b>	____/____/____ (Month) (Day) (Year)	
<b>Printed Name</b>	First	Middle	Last		
<b>III. Representative Claimant Information</b>					
If you are a Representative Claimant (someone authorized by law or court order to file a claim on behalf of another person), complete this section. If you are NOT a Representative Claimant, skip this section and go to Section IV.					
<b>Is the individual for whom you are acting deceased, minor or legally incapacitated or incompetent?</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Minor <input type="checkbox"/> Legally Incapacitated or Incompetent <input type="checkbox"/> Other (Specify) _____				
<b>Relationship to Producer</b> (Check all that apply)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other (Specify) _____				
<b>Representative Claimant Name</b>	First	Middle	Last		
<b>Mailing Address</b>	Street Address 1				
	Street Address 2				
	City	State	Zip Code		
<b>Email Address</b>					
<b>Phone Number</b>					
By signing the Declaration in Section VII of this Claim Form, I certify that I have legal authority to file this claim on behalf of the individual identified in Section I.					
<b>IV. Attorney and Law Firm Information</b>					
If you hired a lawyer to file a lawsuit against Syngenta, identify your lawyer below. If you haven't hired a lawyer, skip to Section V. You don't have to have a lawyer to make a claim.					
<b>Firm Name</b>					
<b>Contact Person</b>	First	Middle	Last	Suffix	

<b>Mailing Address</b>	Street Address 1		
	Street Address 2		
	City	State	Zip Code
<b>Email Address</b>			
<b>Phone Number</b>			

### V. Corn Acreage Information

**1. Acreage Reported to the USDA.** For all Marketing Years 2013-14 through 2016-17, did you report all of (or if you are a landlord did the farmer(s) report your share in) your Corn acreage to the USDA FSA for FSA Form 578 purposes?

- YES**  
 **NO**

**2. 2017-18 Acreage.** Do you plan to report Corn acreage to the USDA FSA for Form 578 purposes for Marketing Year 2017-18:

- YES**, I have already reported my acreage to USDA FSA for Form 578 purposes.  
 **YES**, I will report my acreage to USDA FSA for Form 578 purposes by 7/31/18.  
 **NO**, I will not report my acreage to USDA FSA for Form 578 purposes.  
 **NO**, I did not farm Corn in 2017-18.

If you answered Yes to Questions 1 and 2, skip to Section VI.

If you answered No to Questions 1 and/or 2, answer Question 3.

**3. Crop Insurance.** For any or all Marketing Years 2013-18, did you obtain crop insurance from an agency to which you reported all of your acreage?

- YES** If you answered Yes, do not answer Question 4 or Question 5, and skip to Section VI.  
 **NO** If you answered No, you must answer Questions 4 and 5.

**4. Landlord Information.** Are you making this claim as a landlord who has a financial interest in the sale of Corn (including for example, cash rent that varies based on a share of the Corn sold or the price received for the sale of Corn)? If yes, you qualify to make a claim under this Settlement.

A landlord or other Person who receives only a fixed cash payment for renting the land that did not vary with the type, size of, or price of the Corn crop does not qualify to make a claim under this Settlement.

**YES (I am a qualified landlord).** If you answered Yes, continue to the Landlord Addendum at the end of this form and complete and sign the Landlord Addendum.

**NO (I am a Farmer).** If you answered No, continue to Question 5 and complete the remainder of this Claim Form. **DO NOT** complete the Landlord Addendum at the end of this Claim Form.

**5. Corn Acreage Not Reported to the USDA FSA.** You must complete the following information regarding your total Corn farming operations for all Marketing Years 2013-18. Each farm number must be listed separately. Only report Corn acreage. If you need to list more than ten farms, copy page 4 to provide the additional information and attach it to the Claim Form.

Marketing Year	Farm Number	Tract Number	CLU Field Number	Corn Acreage	Producer Share	Acres Grown for Silage?	Failed Acreage (Did Not Harvest)
2017	4925	23	2	14.25	0.2500	2.00	5.00

## VI. Information About your Farming Operation

All Producers must provide the following information regarding the disposition of your harvested Corn for each Marketing Year starting on September 15, 2013 for all your farming operations.

**1. Disposition of your Harvested Corn:** To the best of your knowledge, for each Marketing Year, state the **percentage** of your harvested Corn which was fed on farm and not sold?

<b>2013-14</b>	%	<b>2015-16</b>	%
<b>2014-15</b>	%	<b>2016-17</b>	%
<b>2017-18</b> <small>(If you haven't disposed of all of the 2017-18 crop yet, state the percentage you expect to feed on farm and not market)</small>			%

**2. Agrisure Viptera (MIR162) or Agrisure Duracade (Event 5307) Purchases:** To the best of your knowledge, did you purchase Corn Seed containing Agrisure Viptera (MIR162) or Agrisure Duracade (Event 5307) and plant Corn Seed containing Agrisure Viptera (MIR162) or Agrisure Duracade (Event 5307) on any of your Corn acres prior to [[Preliminary Approval Date]]?

YES       NO

## VII. Declaration

By signing this form:

<b>1.</b>	I declare that I am the Producer (or Representative Claimant) entitled and/or authorized to make claims for the bushels listed in this Claim Form, and that no other person or entity has made claims for my share in the bushels listed in this Claim Form to the best of my knowledge. If the Producer is a business or other legal entity, I certify that I am authorized to act on behalf of the Producer submitting this Claim Form.
<b>2.</b>	I understand that by my signature I hereby formally request and authorize the USDA/FSA and USDA/RMA to promptly produce to the Claims Administrator electronic copies of the complete, unabridged contents of my FSA-578 forms and any crop insurance data (RMA) in connection with the acres I planted Corn in any and all of Marketing Years 2013-18.
<b>3.</b>	I declare under penalty of perjury that the foregoing information in this Claim Form is true and correct. I understand that my Claim Form may be subject to audit, verification, and review.

<b>Producer Signature</b> <small>(or Representative Signature)</small>		<b>Date</b>	____/____/____ <small>(Month) (Day) (Year)</small>
<b>Printed Name</b>	<small>First</small>	<small>Middle</small>	<small>Last</small>

<b>Title</b> (if applicable)	
<p><b>If you grew Corn under <u>any other</u> Social Security Number or Tax ID Number, complete another Producer Claim Form for that identified Producer.</b></p> <p><b>Landlords and any other person with a share in the Corn reported must submit their own claim.</b></p>	

Exemplar Only: Do Not Use.

## LANDLORD ADDENDUM TO PRODUCER CLAIM FORM

### I. Landlord Corn Acreage Information

**Corn Acreage Not Reported on FSA Form 578.** Provide the information in the chart below for all rented farm Corn acres. Provide the name of the person or entity that farms each tract and send a copy of the rental agreement showing that you receive variable rent payable based on a share of the crop or proceeds from the sale of Corn. Each farm number must be listed separately. **Only report Corn acres.** If you need to list more than fourteen farms, copy this page to provide the additional information and attach it to this form.

Marketing Year	Farm Number	Tract Number	CLU Field Number	Corn Acreage	Renting Producer Name	Renting Producer Share

Exemplar Only; Do Not

## II. Information About the Farming Operations for Farms you Rented to others

You must provide the following information regarding the disposition of the Corn harvested for each Marketing Year starting on September 15, 2013 for all the farm acres you rented to another person or entity.

**1. Disposition of your Harvest Corn:** To the best of your knowledge, for each Marketing Year, state the **percentage** of the Corn harvested by each person or entity that rented your land which was fed on farm and not sold?

<b>2013-14</b>	%	<b>2015-16</b>	%
<b>2014-15</b>	%	<b>2016-17</b>	%
<b>2017-18</b>			%
(If that person or entity that rented your land hasn't disposed of the 2017-18 crop yet, state the percentage you expect to be fed on farm and not market)			

**2. Agrisure Viptera (MIR162) or Agrisure Duracade (Event 5307) Purchases:** To the best of your knowledge, did the person or entity that rented your land, in any of Marketing Years 2011-18, purchase Corn Seed containing Agrisure Viptera (MIR162) or Agrisure Duracade (Event 5307) and plant Corn Seed containing Agrisure Viptera (MIR162) or Agrisure Duracade (Event 5307) on any of your rented land?

YES       NO

## III. Declaration

By signing this form:

1. I declare that I am the Landlord for the Leasing Producers listed on this Landlord Addendum.
2. I understand that by my signature I hereby formally request and authorize the USDA/FSA and USDA/RMA to promptly produce to the Claims Administrator electronic copies of the complete, unabridged contents of any FSA-578 forms and any crop insurance data (RMA) in connection with the acres I rented to another person or entity in any and all of Marketing Years 2013-18.
3. I declare under penalty of perjury that the foregoing information in this Claim Form and this Landlord Addendum is true and correct. I understand that my Claim Form and Landlord Addendum may be subject to audit, verification, and review.

<b>Landlord Signature</b>		<b>Date</b>	____/____/____ (Month) (Day) (Year)
<b>Printed Name</b>	First	Middle	Last
<b>Title</b> (if applicable)			



# CORN SETTLEMENT PROGRAM

**G1**

## GRAIN HANDLING FACILITY CLAIM FORM

This Claim Form and Consent Authorization will be used by the Claims Administrator for the sole purpose of getting information from the FSA to process claims under the Settlement. Go to [www.CornSeedSettlement.com](http://www.CornSeedSettlement.com) to submit your Claim Form online. If you cannot submit your claim online, complete, sign, and return this Claim Form to:

Corn Settlement Claims Administrator, P.O. Box 26226, Richmond, VA 23260.

### I. Contact Information

<b>Name</b>	First	Middle Initial	Last	Suffix
	Business Name (if applicable)			
<b>Mailing Address</b>	Street Address 1			
	Street Address 2			
	City	State	Zip Code	
<b>Social Security Number or Tax ID Number</b>				
<b>Email Address</b>				
<b>Phone Number</b>				

### II. Representative Claimant Information

If you are a Representative Claimant, complete this section. If you are NOT a Representative Claimant, skip this section and go to Section III. Representative Claimant is an authorized representative, ordered by a court, administrative official, or otherwise authorized under applicable state law, or law of applicable country, of a deceased, minor or legally incapacitated or incompetent individual.

<b>Is the individual for whom you are acting Deceased, minor or legally incapacitated or incompetent?</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Minor <input type="checkbox"/> Legally Incapacitated or Incompetent <input type="checkbox"/> Other (Specify) _____
<b>Relationship to Claimant</b> (Check all that apply)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor

Other (Specify) \_\_\_\_\_

<b>Representative Name</b>	First	Middle	Last
<b>Mailing Address</b>	Street Address 1		
	Street Address 2		
	City	State	Zip Code
<b>Email Address</b>			
<b>Phone Number</b>			

By signing the Declaration in Section V of this Claim Form, I certify I have legal authority to file this claim on behalf of the individual identified in Section I.

### III. Attorney and Law Firm Information

<b>Firm Name</b>				
<b>Contact Person</b>	First	Middle	Last	Suffix
<b>Mailing Address</b>	Street Address 1			
	Street Address 2			
	City	State	Zip Code	
<b>Email Address</b>				
<b>Phone Number</b>				

### IV. Grain Handling Facility Information

Provide information regarding each Grain Handling Facility where you purchased and then priced Corn bushels for sale. Include bushels transported, stored or otherwise handled that were subsequently priced for sale.

<b>Facility Name</b>	
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<b>Type of Facility</b>			
<b>Facility Address</b>	Street Address 1		
	Street Address 2		
	City	State	Zip Code
<b>Total Storage Capacity</b>			

Attach to your Claim Form documents sufficient to show (a) the storage capacity of each Grain Handling Facility; and (b) the number of bushels bought and then priced for sale (include bushels transported, stored, or otherwise handled that were subsequently priced for sale).

<b>Marketing Year</b>	<b>Bushels Priced For Sale</b> (Include bushels transported, stored or otherwise handled that were subsequently priced for sale)
<b>2013-14</b>	
<b>2014-15</b>	
<b>2015-16</b>	
<b>2016-17</b>	
<b>2017-18</b>	

**1. Did you own this Grain Handling Facility from September 15, 2013 to [[Prelim Approval Date]]?**

- YES** If you answered Yes, skip to Question 3.
- NO** If you answered No, answer Question 2.

**2. If No, list the dates of ownership for each facility that you did not own for the entire period between September 15, 2013 to [[Prelim Approval Date]]:**

**3. Are you making a claim for any other Grain Handling Facility?**

**YES** If you answered Yes, copy Section IV to provide the additional information and attach it to the Claim Form.

**NO**

**V. Declaration**

By signing this form:

- |           |   |
|-----------|---|
| <b>1.</b> | I declare that I am the person entitled and/or authorized to make claims for the bushels listed in this Claim Form, and that no other person or entity has made claims for the bushels listed in this Claim Form to the best of my knowledge. |
| <b>2.</b> | If the Grain Handling Facility is a business or other legal entity, I certify that I am authorized to act on behalf of the Grain Handling Facility submitting this Claim Form.  |
| <b>3.</b> | I declare under penalty of perjury that the foregoing information in this Claim Form is true and correct. I understand that my Claim Form may be subject to audit, verification, and review.  |

<b>Signature</b> (or Representative Signature)		<b>Date</b>	____ / ____ / ____ (Month) (Day) (Year)
<b>Printed Name</b>	First	Middle	Last
<b>Title</b> (if applicable)			

# CORN SETTLEMENT PROGRAM

**E1**

## ETHANOL PRODUCTION FACILITY CLAIM FORM

This Claim Form and Consent Authorization will be used by the Claims Administrator for the sole purpose of getting information from the FSA to process claims under the Settlement. Go to [www.CornSeedSettlement.com](http://www.CornSeedSettlement.com) to submit your Claim Form online. If you cannot submit your claim online, complete, sign, and return this Claim Form to:

Corn Settlement Claims Administrator, P.O. Box 26226, Richmond, VA 23260.

### I. Contact Information

<b>Name</b>	First	Middle Initial	Last	Suffix
	Business Name (if applicable)			
<b>Mailing Address</b>	Street Address 1			
	Street Address 2			
	City	State	Zip Code	
<b>Social Security Number or Tax ID Number</b>				
<b>Email Address</b>				
<b>Phone Number</b>				

### II. Representative Claimant Information

If you are a Representative Claimant, complete this section. If you are NOT a Representative Claimant, skip this section and go to Section III. Representative Claimant is an authorized representative, ordered by a court, administrative official, or otherwise authorized under applicable state law, or law of applicable country, of a deceased, minor or legally incapacitated or incompetent individual.

<b>Is the individual for whom you are acting Deceased, minor or legally incapacitated or incompetent?</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Minor <input type="checkbox"/> Legally Incapacitated or Incompetent <input type="checkbox"/> Other (Specify) _____
<b>Relationship to Claimant</b> (Check all that apply)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor

				<input type="checkbox"/> Other (Specify) _____			
<b>Representative Name</b>		First		Middle		Last	
<b>Mailing Address</b>		Street Address 1					
		Street Address 2					
		City		State		Zip Code	
<b>Phone Number</b>							
<b>Email Address</b>							

By signing the Declaration in Section V of this Claim Form, I certify I have legal authority to file this claim on behalf of the individual identified in Section I.

### III. Attorney and Law Firm Information

<b>Firm Name</b>							
<b>Contact Person</b>		First		Middle		Last	
<b>Mailing Address</b>		Street Address 1					
		Street Address 2					
		City		State		Zip Code	
<b>Email Address</b>							
<b>Phone Number</b>							

### IV. Ethanol Production Facility Information

Provide information regarding each Ethanol Production Facility where you produced Dried Distillers Grains (DDGs) and then priced those DDGs for sale.

<b>Facility Name</b>							
<b>Type of Facility</b>							

<b>Facility Address</b>	Street Address 1		
	Street Address 2		
	City	State	Zip Code
<b>Total Throughput</b>			
Attach to your Claims Form documents sufficient to show (a) the production capacity of each Ethanol Production Facility; and (b) the number of short tons of DDGs sold during the class period.			
<b>Market Year</b>	<b>Short Tons of DDGs Priced for Sale</b>		
<b>2013-14</b>			
<b>2014-15</b>			
<b>2015-16</b>			
<b>2016-17</b>			
<b>2017-18</b>			
<p><b>1. Did you own this Ethanol Production Facility from September 15, 2013 to [[Prelim Approval Date]]?</b></p> <p><input type="checkbox"/> <b>YES</b> If you answered Yes, skip to Question 3.</p> <p><input type="checkbox"/> <b>NO</b> If you answered No, answer Question 2.</p>			
<p><b>2. If No, list the dates of ownership for each facility that you did not own for the entire period between September 15, 2013 to [[Prelim Approval Date]]:</b></p>			
<p><b>3. Are you making a claim for any other Ethanol Production Facility?</b></p> <p><input type="checkbox"/> <b>YES</b> If you answered Yes, copy Section IV to provide the additional information and attach it to the Claim Form.</p> <p><input type="checkbox"/> <b>NO</b></p>			

**V. Declaration**

By signing this form:

1. I declare that I am the person entitled and/or authorized to make claims for the short tons listed in this Claim Form, and that no other person or entity has made claims for the short tons listed in this Claim Form to the best of my knowledge.
2. If the Ethanol Production Facility is a business or other legal entity, I certify that I am authorized to act on behalf of the Ethanol Production Facility submitting this Claim Form.
3. I declare under penalty of perjury that the foregoing information in this Claim Form is true and correct. I understand that my Claim Form may be subject to audit, verification, and review

<b>Signature</b> (or Representative Signature)		<b>Date</b>	____ / ____ / ____ (Month) (Day) (Year)
<b>Printed Name</b>	First	Middle	Last
<b>Title</b> (if applicable)			

DRAFT