

Corn Seed Settlement Program

SWS-02

TAXPAYER IDENTIFICATION NUMBER SWORN WRITTEN STATEMENT

Complete this Taxpayer Identification Number Sworn Written Statement ("SWS") if you received a notice indicating:

1. The Taxpayer Identification Number ("TIN") you provided on your Claim Form does not belong to you; OR
2. No FSA-578 or crop insurance (RMA) data was associated with the TIN you provided on your Claim Form.

For the Claims Administrator to continue processing your claim, you must complete Section I of this SWS with **your** name and TIN.

If your FSA-578 or RMA data is associated with a TIN that is different from your TIN, you must also complete Section II.

We will use the information you provide solely to process claims under the Syngenta Corn Seed Settlement Program ("Program"). After you complete the applicable section(s), sign the declaration in Section III and return the SWS to the Claims Administrator.

I. Your TIN Information

Complete this section with **your** TIN. You should provide your TIN in this section even if you used a different TIN to file with the FSA or your crop insurance carrier. We will use the information you provide in this section to verify your identity. If you do not provide your TIN, we will not be able to confirm your identity and your claim cannot be paid.

Claimant Name	First	Middle	Last	Suffix
	Farm or Business (if applicable)			
Claimant ID		Your TIN		

II. The TIN Information Filed with the FSA or RMA

Complete this section only if your FSA-578 or RMA data is associated with a TIN that is different from your TIN. If you must complete this section, provide the name and TIN you used when filing with the FSA or your crop insurance carrier. We will use the information you provide in this section to obtain your Corn crop data from the FSA and RMA.

Name Used for FSA/RMA Filing	First	Middle	Last	Suffix
	Farm or Business Name (if applicable)			
TIN Used for FSA/RMA Filing	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Employer Identification Number			

Additional TIN Information Filed with the FSA or RMA

Name Used for FSA/RMA Filing	First	Middle	Last	Suffix
	Farm or Business Name (if applicable)			
TIN Used for FSA/RMA Filing	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Employer Identification Number			

Additional TIN Information Filed with the FSA or RMA

Name Used for FSA/RMA Filing	First	Middle	Last	Suffix
	Farm or Business Name (if applicable)			
TIN Used for FSA/RMA Filing	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Employer Identification Number			

Additional TIN Information Filed with the FSA or RMA

Name Used for FSA/RMA Filing	First	Middle	Last	Suffix
	Farm or Business Name (if applicable)			
TIN Used for FSA/RMA Filing	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Employer Identification Number			

Additional TIN Information Filed with the FSA or RMA

Name Used for FSA/RMA Filing	First	Middle	Last	Suffix
	Farm or Business Name (if applicable)			
TIN Used for FSA/RMA Filing	<input type="checkbox"/> Social Security Number <input type="checkbox"/> Employer Identification Number			

III. Declarations and Signature

By signing this form:

1.	I declare that I am the Producer (or Representative Claimant) entitled and/or authorized to make claims for the bushels listed in my Claim Form, and that no other person or entity has made claims for my share in the bushels listed in my 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 SWS.				
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 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.				
3.	I declare under penalty of perjury that the foregoing information in this SWS, my Claim Form, and contained in my supporting documents is true and correct. I understand that my SWS, my Claim Form, and supporting documents may be subject to audit, verification, and review.				
Producer Signature (or Representative Signature)				Date ____/____/____ (Month) (Day) (Year)	
Printed Name	First	Middle	Last	Suffix	
Title (if applicable)					

IV. How to Submit this Form

Upload or submit this completed form using one of the methods listed below.

By Portal	www.CornSeedSettlement.com
By Email	Questions@CornSeedSettlement.com
By Mail	Corn Seed Settlement Program Claims Administrator P.O. Box 26226 Richmond, VA 23260
By Delivery	Corn Seed Settlement Program c/o BrownGreer PLC 250 Rocketts Way Richmond VA, 23231

V. How to Contact us with Questions or for Help

If you have any questions or need help, contact us at 1-833-567-CORN (2676) or send an email to Questions@CornSeedSettlement.com. For more information about the Program, visit the Settlement Website at www.CornSeedSettlement.com to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.