



Riceland Foods, Inc.

## Retiree Equity Redemption Program Application

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_

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

Tax I.D./Social Security No.: \_\_\_\_\_

I hereby request enrollment in Riceland's equity (Base Capital) redemption program for retired farmers.

By signing below, I certify that I am no longer engaged in active farming and will not be delivering commodities to Riceland or any other organization.

I grant Riceland permission to verify my retirement with the Farm Service Agency (FSA) during all years of my participation in the equity redemption program.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drier Manager's Signature

\_\_\_\_\_  
Date