CHS Inc.
Patronage Application and Eligibility Form

CHS Use Only: **Employee Initial: _____**

_____ _____ _____
Location Number **Patron Number** **Consent Code**

_____
Individual's Legal Name (First, Middle, Last)

_____ _____ _____ _____
Cooperative/Business/Partnership Etc. Legal Name **Telephone Number (Include Area Code)**

_____ **Birth Date:** _____ - _____ - _____
Mailing Address **(If Individual)** **Month** **Day** **Year**

_____
City **State** **Zip Code**

1. The undersigned certifies that the type of entity holding the account is a/an:

☐ Qualifying Association (As defined below) ☐ Individual Agricultural Producer (As defined below) ☐ Family Farm (partnership, corporation, Limited Liability Company, trust, etc.) engaged in agricultural production

☐ Trust or Estate engaged in agricultural production ? Limited Liability Company (100% owned by CHS Members)*

? Limited Liability Company (at least 20% owned by Qualifying Associations or Agricultural Producers as defined below)*

*See description of LLC Eligibility Requirements on reverse side of this form

A **"Qualifying Association"** is an association of agricultural producers organized and operating on a cooperative basis and so as to adhere to the provisions of the Agricultural Marketing Act or the Capper-Volstead Act.

An **"Agricultural Producer"** is a person who is actually engaged in the production of agricultural products, including tenants of land used for the production of any such product, and lessors of such land who receive as rent therefore a product of such land.

Certification – Under penalties of perjury, I certify that:
(1) The number I have provided below on this form is my correct Taxpayer Identification Number.
(2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions – You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under reporting interest of dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to the backup withholding, do not cross out item #2.

IT IS IMPORTANT TO NOTE THAT ONLY ONE NUMBER CAN BE USED AND THAT NUMBER SHOULD MATCH THE NUMBER ON FILE WITH THE IRS. THIS IS THE NUMBER CHS WILL REPORT PATRONAGE EARNINGS UNDER.

_____-_____-_____ _____ _____
Social Security Number (If Individual) **Signature** **Date**

OR

_____-_____ _____
Federal Identification Number (For Corporation/Coop) **Title of Officer if Patron is a Corporation**

Consent – Please check either section (1) or (2) below. By checking Waiver, you will be waiving any patronage you would otherwise be eligible for.
DO NOT CHECK BOTH

☐ **CONSENT (1)** – I consent to include in my gross income as provided in the Federal Income tax laws, the stated dollar amount of each written notice of allocation which I received from CHS Inc. and its successors with respect to my patronage occurring during the current and all subsequent taxable years unless the written allocation is attributable to personal, living, or family items or is properly taken into account as an adjustment to basis of property. This individual consent shall be revocable by me in writing at any time.

I also acknowledge receipt of the CHS Inc. Consent Bylaw and Statement of Significance on the reverse side of this form.

OR

☐ **WAIVER (2)** – I waive any patronage dividends that I may be eligible for arising out of my business with CHS Inc. and its successors during its current and subsequent fiscal years. This disclaimer of patronage dividends shall be valid until revoked by me in writing in accordance with the Federal Income Tax Laws.

_____ _____
Date **Signature**

_____
Title of Officer if Patron is a Corporation