

SOYBEAN GROWER SETTLEMENT CLAIM FORM



CLAIM FORM AND CLAIMS PACKAGE DEADLINE DATE

To participate in the settlement, a Claims Package, including this Claim Form, must be submitted **no later than May 28, 2021**. For more information, you may consult the Settlement Agreement (“Agreement”). Capitalized terms used and not otherwise defined in this Form carry the meanings assigned to them in the Agreement.

Submitting a Claim Form does not, on its own, establish a right to receive a Settlement Payment. Rather, Settlement Payments will be determined in accord with the terms of the Agreement.

A. INSTRUCTIONS

You – and, if represented by counsel, your attorney – must complete and sign this Form. Signatures may be handwritten or electronic, both of which will carry the full force and effect as an original.

If you accurately completed a Plaintiff Fact Sheet (“PFS”) in the MDL Litigation, you may state “See PFS” in response to any question regarding an Affected Field that can be answered by reviewing the PFS or accompanying documents, except that you must complete the following regarding Affected Fields regardless of whether you submitted a PFS: Farm, Tract and Field Numbers; Damage Year(s); whether you have received any money for an Affected Field; and all Benchmark Field information, as described in the Form.

A complete Claim Form may be submitted electronically via the Claims Platform at www.DicambaSoybeanSettlement.com or via U.S. Mail to the Claims Administrator:

Dicamba Soybean Settlement Claims Administrator
c/o Epiq
P.O. Box 5476
Portland, OR 97228-5476

Any technical issues regarding the electronic submission must be directed to the Claims Administrator. Claim Forms that are substantially illegible, not properly signed, or otherwise incomplete will be rejected.

Claim Forms must be submitted with the necessary supporting documents. You may consult the Claims Package checklist on the Claims Platform for a list of required documents for a Complete Claims Package to aid you in collecting and submitting documents. The checklist is only a guide and should not be used as a substitute for reading and understanding the terms of the Settlement Agreement. When you believe that you have submitted all necessary supporting documents, indicate that your Claims Package is complete and ready for evaluation by the Claims Administrator.

If the Claims Administrator determines that you are eligible to participate in this Settlement, you should understand that: (1) enrollment in the Process is irrevocable and subjects you to the authority of the persons specified in the Agreement to oversee the Process, including, but not limited to, the Appeals Master and the Claims Administrator; (2) you are releasing claims against the entities and individuals identified in the Release and Incorporation of Settlement, which may not be revoked, rescinded or returned other than as explained in the Agreement; (3) enrollment may terminate any lawsuits that you have brought or could have brought related to the subject matter of the Agreement, and no Claim may be advanced other than as permitted under the Agreement; and (4) this settlement Process is your sole and exclusive remedy for Claims, and you will be bound by its results.

Questions?
Call 1 (855) 914-4672
or visit www.DicambaSoybeanSettlement.com

B. PROMISES AND ACKNOWLEDGEMENTS MADE BY ELIGIBLE PARTICIPANT

1.	<p>If you are not represented by legal counsel, you acknowledge that you are entitled to consult with an attorney to assist with the Process. By submitting this Form without an attorney's signature, you declare that you are not represented by an attorney for this Settlement or in the Process.</p> <p>If you are represented by legal counsel in this Process, your attorney must submit your Process Claim and your attorney will sign this Claim Form. If you have an attorney sign this Claim Form, you thereby grant your attorney full authority to act on your behalf to submit a Claims Package and communicate with the Claims Administrator and other persons specified in the Agreement on your behalf. You further acknowledge that after consulting with legal counsel you have instructed your attorney to submit your Claims Package. If your attorney is not on the Executive Committee appointed in the MDL Litigation, twelve percent (12%) of your Settlement Payment will be withheld, and your counsel must reduce the amount of fees you otherwise owe your counsel on a dollar per dollar basis equal to twelve percent (12%) of your Settlement Payment. You further will look solely to your attorney for any Settlement Payment issued to your attorney on your behalf.</p>
2.	<p>By enrolling in the Settlement Process, you thereby agree to the terms of the Settlement Agreement.</p> <p>If you have filed a lawsuit related to the claims at issue in this settlement, you authorize your counsel to sign and submit a Stipulation of Dismissal With Prejudice and agree to cooperate fully and promptly to provide any other form of Stipulation of Dismissal With Prejudice.</p>
3.	<p>You acknowledge that you may submit only one Claim Form per unique individual or entity. For instance, an individual may file his own Claim Form, and a distinct business entity that individual owns may file its own Claim Form. If you submit more than one Claim Form per person or entity, any settlement payment may be substantially delayed. You acknowledge that knowing and intentional efforts to submit multiple claims may result in the forfeiture of benefits under the Agreement and require you to pay certain costs.</p>
4.	<p>You acknowledge that to be eligible to participate in the Agreement you must be a Person in the United States who in one or more of the 2015 through 2020 growing seasons was a Producer of soybeans for commercial purposes, which soybeans exhibited dicamba symptomology during one or more of these years that, to the best of your knowledge and belief was due to dicamba applications by third parties to dicamba-tolerant soybeans and/or cotton.</p>
5.	<p>You promise to fully disclose any money you have received from third parties, including insurance companies, for yield loss to any Affected Field for which you submit a Claim Form.</p>
6.	<p>You acknowledge that to participate in the settlement you must execute a Release and Incorporation of Settlement (the "Release") that impacts your legal rights regarding claims you may have against Monsanto Released Parties and certain Additional Released Parties as set forth specifically in the Release and that you have a right to consult legal counsel regarding the Release. You further acknowledge that nothing in the Agreement alters, amends, or limits the rights or defenses of Monsanto under applicable law, or the limitations on potential claims contained within product packaging, instructions, or license agreements between you and any Monsanto Released Party.</p>
7.	<p>If you are a corporate entity, or anyone else is signing on your behalf, the person signing on your behalf represents and warrants that the signatory is authorized to bind the entity or person.</p>
8.	<p>YOU ACKNOWLEDGE THAT IF YOU ARE FOUND TO HAVE SUBMITTED A FRAUDULENT PROCESS CLAIM, YOU WILL BE SUBJECT TO PAYING ALL ADMINISTRATIVE EXPENSES ASSOCIATED WITH YOUR CLAIM.</p>

Questions?
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C. CLAIMANT INFORMATION

1. **Your Name. If individual person, state full name. If corporate entity, include entity name plus a list of shareholders, members or partners, etc., as the case may be.**

Select One:

Individual

First Name

Middle Name

Last Name

OR

Business/Corporate Entity

Entity Name

Shareholders, Members or Partners, etc.

2. **Any other names used or by which you have been known between 2015 and 2020, including d/b/a for corporate entities.**

Name

Name

3. **Your Full Street Address**

Address

City

State

ZIP Code

4. **If you are an individual: Date of Birth**

 / /

MM

DD

YYYY

5. **If you are a business/corporate entity: State of Registration**

State of Registration

Questions?
Call 1 (855) 914-4672
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6. Telephone Number (indicate if cell or landline)

- -

Cell Landline

7. Email Address

Email Address

D. ENROLLING COUNSEL INFORMATION

Are you represented by an attorney to submit this claim?

Yes No

(If you answered "Yes," complete remainder of section. If you answered "No," please proceed to Section E.)

Attorney Name

First Name Last Name

Law Firm Name

Telephone **Email**

- -

E. CASE INFORMATION

Have you filed a lawsuit against Monsanto, Bayer, BASF, DuPont/Corteva, or Syngenta related to dicamba injury?

Yes No

(If you answered "Yes," complete remainder of section. If you answered "No," please proceed to Section F.)

Date Lawsuit Filed

/ /

MM DD YYYY

Court/Jurisdiction **Case Caption**

Have you previously completed a Plaintiff Fact Sheet in the MDL Litigation?

Yes No

Questions?
Call 1 (855) 914-4672
or visit www.DicambaSoybeanSettlement.com

F. AFFECTED FIELD INFORMATION

List Affected Fields and Years for Which You Are Seeking a Settlement Payment.

You attest that for each field for each year for which you claim injury, to the best of your knowledge and belief: (i) the Affected Field exhibited symptomology of dicamba exposure; (ii) the symptomology was due to dicamba applications by third parties over the top of dicamba-tolerant soybeans and/or cotton; and (iii) the Affected Field suffered yield loss as a result.

Affected Field ("AF") No.	County & State where Field Is Located	Farm, Tract & Field No. (or if no FSA 578 information, provide GPS coordinates, if available, or other unique identifier)	Year of Injury (fill out a separate row for each year you claim injury for a particular field)	Total Acres of Planted Soybeans in Affected Field	Any Other Persons with an Interest in the Field (unless listed on FSA 578 you submit)	If you or an Affiliated Claimant received money for yield loss on this Affected Field, then state: (i) how much money you and/or the Affiliated Claimant received; and (ii) from whom. (If you received a lump sum for multiple fields that included the Affected Field, state the lump sum and identify the other Fields related to the lump sum payment)
AF1						
AF2						
AF3						
AF4						
AF5						
AF6						
AF7						
AF8						

Questions?
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G. PROPOSED BENCHMARK FIELD INFORMATION

List Selected Benchmark Fields For Each Affected Field and Damage Year.

For each Affected Field and Damage Year (e.g., AF1), you **must** choose a Benchmark Field to the extent any such Fields are eligible as Benchmark Fields.

A Field is eligible as a Benchmark Field for an Affected Field and Damage Year if: (i) you have an Interest in the Field; (ii) it is not an Affected Field in the same year; (iii) it is within the same Farm Number as the Affected Field or, if there are no Fields otherwise meeting this Benchmark Field criteria within the same Farm Number as the Affected Field, then is within the same township and range as the Affected Field; (iv) it is not less than twenty-five (25) planted acres; and (v) it was planted to soybeans in the Damage Year and at least three (3) Non-Damage Years for the Affected Field to which it is being compared (the "Minimum Benchmark Criteria").

Benchmark Fields should be selected from the following groups in order of priority:

- First, from within the same FSA Farm Number and Tract Number as the Affected Field.
- If no such Fields meeting the Minimum Benchmark Criteria are available, then, second, from within the same Farm Number as the Affected Field.
- If no such Fields are available, then, third, from within the same township and range as the Affected Field, as specified by the United States Public Land Survey System, or for Fields located in a region not included in the Public Land Survey System, the same county.

By proposing a Field as a Benchmark Field, you certify that it is an appropriate Field to compare to an Affected Field ("Benchmark Similarity Requirement"). You may disregard any Field as a possible Benchmark Field if you do not believe it meets the Benchmark Similarity Requirement, but if (1) that Field is located in a group with a higher priority (see paragraph above) than the Benchmark Field selected, or (2) disregarding that Field or Fields will mean that you have no fields meeting the Minimum Benchmark Criteria, you must provide a reason to disregard a Field along with supporting documents. If you provide a qualifying reason, the Field will be disregarded. If you provided a non-qualifying reason your claim for that Field will be subject to the Enhanced Review Process and your explanation will be weighed by the Enhanced Review Panel. The following reasons to disregard a field that otherwise meets the Minimum Benchmark Criteria are qualifying reasons:

- (1) the Affected Field and Field otherwise meeting the Minimum Benchmark Criteria for such Affected Field do not have the same irrigation status (i.e., one is irrigated and one is non-irrigated) in the Damage Year or in any of the three (3) most recent Non-Damage Years in which both the Affected Field and the Field at issue were planted to soybeans, as reflected in your Form FSA 578 (or similar form or certification, if applicable);
- (2) the Affected Field is 5 or fewer Planted Soybean Acres as reflected in your Form FSA 578 (or similar form or certification, if applicable), and you explain why the size difference makes the Field otherwise meeting the Minimum Benchmark Criteria inappropriate for purposes of comparing yields;
- (3) the Affected Field and Field otherwise meeting Minimum Benchmark Criteria were planted twenty-one (21) or more days apart in the Damage Year or in any of the three (3) most recent Non-Damage Years in which both the Affected Field and the Field at issue were planted to soybeans, as reflected in your Form FSA 578 (or similar form or certification, if applicable); or
- (4) the Affected Field or Field otherwise meeting the Minimum Benchmark Criteria, but not both, suffered yield loss attributed to an Act of God in the Damage Year or in any of the three (3) most recent Non-Damage Years in which both the Affected Field and the Field at issue were planted to soybeans, and the yield in the year of loss was at least 25% less than the APH (Actual Production History) of such Field, as reflected in records of your crop insurer.

If you are claiming one of the above qualifying reasons to excuse you from the requirement of selecting a Benchmark Field, you must provide the appropriate Forms FSA 578 (or similar form or certification, if applicable) or insurance records to support that reason. If you provide a different reason, you may submit documents supporting that reason.

The same Benchmark Field may be selected for one or more Affected Fields and Damage Year if it meets the Minimum Benchmark Criteria and Benchmark Similarity Requirement. If you are proposing the same Benchmark Field for multiple Affected Fields and/or Damage Years, list the Benchmark Field for each corresponding Affected Field Number (based on Section F above) and Damage Year.

Questions?
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Affected Field No.	Corresponding Selected Benchmark Field No.	Selected Benchmark Field Information (County & State; Farm, Tract and Field Nos. or, if not available, GPS coordinates, if available, or other unique identifier); or "None" if no Selected Benchmark Field
AF1	BF1	
AF2	BF2	
AF3	BF3	
AF4	BF4	
AF5	BF5	
AF6	BF6	
AF7	BF7	
AF8	BF8	

(1) **If You Did Not Choose a Selected Benchmark Field for Any Affected Field.** If you marked "None," i.e., no Selected Benchmark Field for any Affected Field Number, then by checking this box, you hereby certify that: (i) there are no fields that meet the Minimum Benchmark Criteria for that Affected Field and Damage Year; or (ii) one or more qualifying reasons renders any fields meeting the Minimum Benchmark Criteria not appropriately similar to the Affected Field for purposes of comparing yields.

If you are unable to so certify, you hereby acknowledge that the Affected Field will be subject to additional scrutiny as part of the Enhanced Review Process and you will be subject to additional documentation requirements to establish yield loss.

(2) **If You Chose a Lower Priority (Less Proximate) Selected Benchmark Field.** If you disregarded a field meeting the Minimum Benchmark Criteria in a higher priority grouping to identify a Selected Benchmark Field with a lower priority grouping, then you hereby certify that:

- (i) one or more qualifying reasons render any fields in the higher priority grouping(s) meeting the Minimum Benchmark Criteria not appropriately similar to the Affected Field for purposes of comparing yields; or
- (ii) one or more non-qualifying reasons render any Fields in the higher priority grouping(s) meeting the Minimum Benchmark Criteria not appropriately similar to the Affected Field for purposes of comparing yields.

If your reason is a non-qualifying reason, you hereby acknowledge that your Selected Benchmark Field is not presumptively reasonable. The Affected Field will be subject to Enhanced Review as a result and you may be required to provide additional documentation to determine yield loss. The Enhanced Review Panel will evaluate whether the non-qualifying reason you provide is reasonable and supported by evidence, but is not required to accept it, in which case the Enhanced Review Panel may give it any weight it deems appropriate, or no weight.

(3) **If You Disregarded Any Field Meeting the Minimum Benchmark Criteria.** If you disregarded any field as not being appropriately similar to the Affected Field for purposes of comparing yields, below you must list (i) the Affected Field Numbers for which you disregarded a Field that otherwise met the Minimum Benchmark Criteria, (ii) identify the field(s) meeting the Minimum Benchmark Criteria that you disregarded, and (iii) provide the reason the disregarded field is not appropriately similar to the Affected Field for purposes of comparing yields.

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Affected Field No. (e.g., AF3):	Disregarded Field Otherwise Meeting the Minimum Benchmark Criteria (FSA Farm, Tract and Field Number, or if none, GPS coordinates or other unique identifying information)	Reason for Disregarding

H. AFFILIATED CLAIMANT INFORMATION

If any other Person has an interest on which you are seeking to recover in your Claim, you must list the name of the Person below, the Affected Fields and Damage Years on which you are seeking to recover that Person's interest, and submit an Affiliated Claimant Consent Form signed by that Person. If you are not seeking to recovery for the interest of any other Person, proceed to Section I.

Affiliated Claimant	Are you seeking to recover the Affiliated Claimant's interest for all fields? If yes, check the box in this column below for that Affiliated Claimant. If no, fill out the column to the right for that Affiliated Claimant.	<i>*Only if you did not check the column to the left, identify in columns to the right specific fields/years which you are seeking the Affiliated Claimant's interest</i>	Affected Field Number(s)? (e.g., AF3, AF4, and AF7)	Damage Years
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

If, in Section F, you rely on your Form FSA 578 and do not name any other Persons with an interest in an Affected Field, you certify that you are not aware of any other Persons who have an interest in the Affected Field that year other than those listed on the Form FSA 578. If you do not submit a Form FSA 578 for an Affected Field and Damage Year but seek to recover on behalf of an Affiliated Claimant (named above), then you must provide other evidence of the Affiliated Claimant's interest.

Questions?
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I. SUBSTITUTE IRS FORM W-9

Enter the claimant's federal taxpayer identification number:

____ - ____ - ____

OR

____ - _____

Social Security Number
(for individuals)

Employer Identification Number
(for corporations, trusts, etc.)

Under penalties of perjury, I certify that:

1. The Claimant is a U.S. Citizen and the taxpayer identification number shown on this form is the taxpayer identification number of named Claimant; and
2. Claimant is not subject to backup withholding because: (a) Claimant is exempt from backup withholding, or (b) Claimant has not been notified by the Internal Revenue Service (IRS) that Claimant is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified Claimant that Claimant is no longer subject to backup withholding.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

If you do not submit a complete Substitute IRS Form W-9, your payment could be subject to 24% U.S. Federal Income Tax withholding.

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Questions?
Call 1 (855) 914-4672
or visit www.DicambaSoybeanSettlement.com

J. CLAIMS PACKAGE MATERIALS

You must submit all Claims Package materials, including:

1. Claim Form;
2. Injury Records for each Affected Field and Damage Year (see FAQ 7 at www.DicambaSoybeanSettlement.com);
3. Actual yield data (A-Yields if they exist) for Affected Fields and Selected Benchmark Fields for Damage Years and at least the three Non-Damage Years in which both the Affected Field and Benchmark Field were planted to soybeans closest in time to the Damage Year;
 - a. You may submit actual yield data for up to ten Non-Damage Years. Providing data for at least four Non-Damage Years may reduce the likelihood that you will be asked to provide additional actual yield data during the Process if your Benchmark Fields are determined to be ineligible;
 - b. Any Yield Record that you submit must be a complete document and no yield information may be redacted;
 - c. If none of the Affected Fields and Selected Benchmark Fields have A-Yields in any relevant year, you must so certify by checking this box:
4. FSA 578 Form(s), or FSA 578 Form-like documentation, for all fields within the same Farm Number (or if none, all fields within the same township and range) for your earliest Non-Damage Year and the latest Non-Damage Year or Damage Year and each year in between.
 - a. For fields where you have identified a Benchmark Field, the relevant Non-Damage Years are the three years closest in time to the Damage Year where both the Affected Field and the Benchmark Field were planted to soybeans but not injured.
 - b. For Affected Fields where you have not identified a Benchmark Field, the relevant Non-Damage Years are the four years closest in time to the Damage Year where the Affected Field did not have dicamba injury.
5. Stipulation of Dismissal With Prejudice, if applicable;
6. RMA and FSA Release;
7. Administrative Agency Records, if any;
8. Release and Incorporation of Settlement; and
9. Affiliated Claimant Consent Form(s), if applicable.

These categories are subject to specific requirements, conditions, and exclusions set forth in the Settlement Agreement. Sign below only when you believe you have provided all of the above materials.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

Signature of Claimant

Date: / /
MM DD YYYY

Signature of Enrolling Counsel (if any)

Date: / /
MM DD YYYY

Questions?
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