

RMA AND FSA RELEASE

INSTRUCTIONS

Complete, sign before a notary, and submit the RMA and FSA Release form on the next two pages to permit the Claims Administrator to obtain information from the United States Department of Agriculture Risk Management Agency ("RMA") and United States Department of Agriculture Farm Service Agency ("FSA"), respectively, relating to your fields. Your Claims Package will be considered incomplete if you fail to properly submit a signed and notarized RMA and FSA Release.

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RMA AND FSA RELEASE OF RECORDS

Privacy Act Statement. In accordance with 28 CFR §16.41(d), personal data sufficient to identify the individuals submitting requests by mail under the Privacy act of 1974, 5 U.S.C. §552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of United States Department of Agriculture (USDA) systems of records are not wrongfully disclosed by the USDA. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. §1001 and or 5 U.S.C. §552a(i)(3).

**TO: UNITED STATES DEPARTMENT OF AGRICULTURE
RISK MANAGEMENT AGENCY AND/OR FARM SERVICE AGENCY**

FROM:

NAME OF CLAIMANT ("CLAIMANT") WHO IS GRANTING ACCESS TO HIS/HER/ITS RECORDS

ADDRESS

CITY

STATE

ZIP CODE

LAST FOUR DIGITS OF CLAIMANT'S SOCIAL SECURITY NUMBER¹

TO WHOM IT MAY CONCERN:

I hereby consent and authorize the United States Department of Agriculture Risk Management Agency ("RMA") and Farm Service Agency ("FSA"), pursuant to 5 U.S.C. §552a(b), to release information related to me as specified below to the Claims Administrator of the Dicamba Herbicides Litigation Soybean Master Settlement Agreement Claims Process ("Settlement Agreement") and for said Claims Administrator to obtain full and complete copies of the following RMA and FSA records and files of, from, or relating to me from crop years 2010 through 2020, inclusive. These records and files may include but are not limited to:

1. FSA-578 Producer Print
2. Producer Farm Data Report
3. Yield Reporting forms, Actual Production History transfer forms, and data pertaining to actual yield information ("A-Yields") report for purposes of the federal crop insurance program

This release is applicable to all farms in which I have an interest, whether owned or leased.

I understand that signing this Release to disclose the above information to the Claims Administrator is voluntary and that the requested information is necessary for the Claims Process.

Copies of these records may be forwarded to the below by mail or electronically to Claims@DicambaSoybeanSettlement.com:

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

www.DicambaSoybeanSettlement.com

¹ You are asked to provide the last four digits of your Social Security Number only to facilitate the identification of any records related to you.

In the event that the released records are transmitted by mail, the Claims Administrator will pay reasonable charges paid to supply copies of such records. Please include any requests for reimbursement and receipts in such mailing.

I do do not want a copy of the information that is to be provided.
SELECT ONE

This authorization remains in effect until December 31, 2021.

Any facsimile, scan, or photocopy of this original RMA and FSA Release of Records will serve as an original and authorize the release of the records requested herein.

By signing below, I, Claimant, certify that to the best of my knowledge and belief and do declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named above. I understand that any falsification of this statement and failure to report completely and accurately may result in sanctions and is punishable under the provisions of any applicable USDA policy and/or result in criminal or civil penalties, including but not limited to a fine and/or imprisonment of not more than five years pursuant to 18 U.S.C. §1001 and other criminal and civil penalties pursuant to 18 U.S.C. §1014, 31 U.S.C. §3729, and/or 31 U.S.C. §3730. I also understand that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. §552a(i)(3) by a fine of not more than \$5,000.

SUBMITTED BY:

_____ DATE

_____ SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE

_____ NAME OF CLAIMANT

_____ IF CLAIMANT'S REPRESENTATIVE, DESCRIBE REPRESENTATIVE'S AUTHORITY TO SIGN FOR CLAIMANT (E.G., TITLE, POWER OF ATTORNEY, ETC.).

Subscribed and sworn to before me on _____ 202____.

My commission expires: _____ Signature: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of the document.