

**INSTRUCTIONS FOR COMPLETION OF GRAIN DEALER CLAIM FORM  
(KEEP FOR YOUR INFORMATION)**

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**PLEASE NOTE: A lien check is performed for all claims filed with the Grain Indemnity Fund. For all applicable liens found for approved claims a creditor's release form is required to be signed by each lien holder acknowledging that payment for the approved claim will be made jointly to the claimant and any applicable lien holder(s).**

**1. Seller's Name:**

**a.** If individual, state your **full first, middle and last names**. Note commonly used nickname, if any. **[If there is a landlord/tenant relationship, each person must file a separate claim form.]**

**b.** If true partnership (with Federal Tax I.D. number), state the full name of the partnership and the full first, middle and last names of each person. A copy of your Partnership Agreement must be sent with your claim. **[If the claimant is an informal partnership (no Federal Tax I.D. number), each person involved must file a separate claim form.]**

**c.** If corporation state the name of the corporation and the full name and the position of the corporate officer filing the claim.

**d.** If non-profit or other entity with Federal Tax I.D. number, state the name of the entity and the full name of person filing the claim. Documentation must be provided to show that the person filing the claim has the authority to act on behalf of the entity.

**e.** If the claim is completed on behalf of a third party, an executed power of attorney must be attached.

**2. Address:**

State your complete address including house number, street name, rural route number, post office box number, town, state and zip code..

**3. Telephone number:**

Full number including area code [(xxx) xxx -xxxx].

**4. Social Security number or Federal Tax I.D. number:**

**a.** All claimants filing as an individual must state their social security number.

**b.** All claimants filing as a partnership, corporation, estate, or trust, must state their tax identification number.

**5. Documents:**

List the documents that you have to represent your claim. If your claim is for grain for which an NSF (non-sufficient funds) check was issued, list the check number. Also, list the settlement sheet number(s) on which the grain is listed that the check was issued for. If your claim is for grain listed on a settlement sheet for which a check has not been issued, show **only** the settlement sheet number and the total of the bushels listed on the settlement sheet. **It is only necessary to enter each scale ticket if neither a check or settlement sheet receipt has been made out for your grain.**

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**6. Prepayments/Advances:**

Record here any prepayments or advances you have received for the grain listed in Item No. five of this form.

**7. Indicate Documentation:**

**a.** Photocopies of the documents listed in Item No. five **and** Item No. six must be sent with your claim. Mark the appropriate box to show what type of documents you are sending with the claim form to support your claim.

**b.** Examples of "Other" documents: sales tickets, purchase confirmation forms, Credit-sale contracts (deferred payment contracts, price-later contracts, basis contracts, minimum price contracts, etc.), or any other forms needed to support the bushel amount or value (price) of your claim.

**8. Options for payment: The following applies only in the situation where there is a Receivership established for grain dealer assets**

**a.** Payment requested from the Indemnity Fund first: I request to receive payment from the Indemnity Fund first, for which I will receive 90% (up to a limit of \$300,000.00) for my loss. The remaining 10% of the claimant's loss will be automatically presented as a claim to the receivership.

**b.** Payment requested from the receivership first: I request to receive payment from the receivership first. Payment from the receivership is made on a prorated basis. Payment cannot be made from the receivership before a minimum of 120 days from the date the Iowa Department of Agriculture and Land Stewardship is appointed as receiver (stated in the Plan of Disposition which is included with this mailing). All payments are subject to court approval. The amount of loss not covered by the receivership is then automatically presented for payment against the Indemnity Fund, which will pay for 90% (up to a limit of \$300,000.00) of the portion of the loss not paid for by the receivership.

**9. Signature:**

This claim form must be signed and notarized. Only one signature is required unless you are a member of a legal partnership and the partnership agreement requires more than one person's signature. If more than one signature is required, attach an additional sheet with the necessary notarized signature(s).

If you have any questions on how to complete this form, please call: (515)281-5987. Office hours are 8:00 A.M. thru 4:30 P.M., Monday thru Friday.

**BEFORE MAILING:**

Be sure that you have enclosed all your documents as mentioned in Item No.6, that you have had your signature notarized and that you have completed the grain dealer claim form. This claim form may be returned by ordinary mail.

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If you have both a warehouse(storage) claim and a grain dealer claim, both claim forms can be returned together.

**NOTE: IF YOU HAVE BOTH A WAREHOUSE AND A GRAIN DEALER CLAIM, THE TOTAL OF BOTH TYPES OF CLAIMS WILL BE FIGURED AGAINST THE LIMIT OF \$300,000.00 PAID BY THE INDEMNITY FUND.**

**ALSO, IF YOUR CLAIM IS APPROVED, YOU WILL BE REQUIRED TO SIGN A FORM TO SUBROGATE, TO THE GRAIN INDEMNITY FUND, YOUR RIGHT OF RECOVERY FOR THE VALUE OF THE PAYMENT TO BE RECEIVED FROM THE GRAIN INDEMNITY FUND. THIS SUBROGATION FORM AND THE CREDITOR'S RELEASE FORM MENTIONED AT THE TOP OF PAGE 1 OF THESE INSTRUCTIONS MUST BE RETURNED BEFORE PAYMENT WILL BE SENT.**

**IF YOU HAVE ANY QUESTIONS ON HOW TO COMPLETE THIS FORM, PLEASE CALL: (515)281-5987.  
OFFICE HOURS ARE 8:00 A.M. THRU 4:30 P.M., MONDAY THRU FRIDAY.**