

## Patron Agreement and Application for Membership

In \_\_\_\_\_ ("the Association")

The Undersigned agrees to deal with the Association on a cooperative basis and hereby applies for membership in the Association. Pending issuance of membership stock, it is agreed the Undersigned shall be deemed a Patron under the Association's By-Laws and entitled to any patronage refund payable with respect to transactions occurring subsequent to the date this application is accepted and until such membership stock is issued or this agreement is cancelled

<b>General Instructions for completion of Membership Application:</b> 1 Applicant must complete all 4 parts of the application to be valid 2. All potential members' names and Taxpayer Identification Numbers (TIN) will be verified with the Internal Revenue Services (IRS) before membership stock is issued
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<b>Part I</b>	<b><i>In consideration for this Agreement, the Undersigned [check one of the following payment options]:</i></b>
<input type="checkbox"/>	Agrees \$1 00 will be deducted from the applicant's first allocated patronage refund in payment for the required one share of Membership Stock (stock will be mailed with your first refund check)
<input type="checkbox"/>	Submits, with this application, the sum of \$1 in payment for the required one share of Membership Stock (stock will be mailed once application has been processed)

<b>Part II</b>	<b><i>REQUIRED: Check the appropriate box that is applicable to your form of business and for your federal tax classification</i></b>
<input type="checkbox"/>	<b>Sole Proprietorship (Sole Owner) / Joint Account</b> – Enter your individual name(s) as shown on your income tax return on the "name" line You may enter your business, trade, or "doing business as (DBA)" on the "Business name/disregarded entity name" line If joint account, Please circle the person or entity who's TIN is listed below and check below the proper tenants
<input type="checkbox"/>	<b>Joint Tenants in Common with NO right of survivorship</b> – Owners of securities are not husband and wife, and each owns an undivided half interest. This registration should be used where the owners of the securities intend to establish a relationship between them known as "Tenants in Common", whereby the death of one party DOES NOT automatically gives the survivors full ownership Interest of the deceased owner passes to the beneficiaries of his estate
<input type="checkbox"/>	<b>Joint Tenants with Right of Survivorship and not as Tenants in Common</b> – Owners of securities are not husband and wife, but desire to form ownership in the securities whereby the death of any registered owner will result in survivor automatically becoming owner of deceased owner's interest.
<input type="checkbox"/>	<b>Tenants by the Entirety with the Right of Survivorship</b> -- Husband and wife desire to create a form of ownership in the securities, so that on death of one, the survivor automatically becomes sole owner of the securities
<input type="checkbox"/>	<b>Partnership</b> – Enter the entity's registered name with the IRS on the "name" line and any business, trade, or "doing business as (DBA)" name on the "business name/disregarded entity name" line
<input type="checkbox"/>	<b>Limited Liability Company / Corporation / Trust/Estates / Other</b> – Enter the entity's registered name on the "name" line and any business, trade, or "doing business as (DBA)" name on the "business name/disregarded entity name" line. <input type="checkbox"/> Limited liability company (enter tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other

**Part III** *Enter your name or entity name and TIN in the appropriate box below. The TIN provided must match the name given on the name or business name/disregarded entity name line to avoid backup withholding.*

Name (as shown on your income tax return)	Social Security Number
Business name/disregarded entity name (if different than above)	Employer Identification Number
Street Address	Telephone Number
City	State      Zip code

**Print full names of all parties associated with the Joint Account, Partnership, or LLC in the space provided below (attach a separate schedule if necessary). If Joint Account, please circle the person or entity whose TIN is listed above.**

First Name	Init.	Last Name

**Part IV Certification and Substitute Form W-9**

A.) I agree to be bound by the terms and conditions of the Articles of Incorporation and By-Laws of the Association, including the consent provision of the By-Laws under which each members agrees to take into income, at their state value, all qualified written notice of allocation received from the cooperative in accordance with 26 U.S.C. Section 1385 (a) and that such written notices of allocation will be taken into income in the year in which received.

B.) Under penalties of perjury, I certify that:

(1) The following taxpayer identification number \_\_\_\_\_, is correct  
(Social Security/Employer Identification Number)  
(or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because. (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including a U.S. resident alien).

**Instructions** – Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding

- Exempt Payee (check this box if you are Exempt from Backup Withholding)
- Federal or state government, including instrumentalities thereof
- Tax Exempt entity under § 501(a) of the Internal Revenue Code (includes § 501(c) & (d) organizations)

Certified by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Sole Proprietor/Partner/Member/Corporate Officer  
\_\_\_\_\_  
Printed Name of Sole Proprietor/Partner/Member/Corporate Officer  
\_\_\_\_\_  
Title

**Membership Information:**

The Stock Records Dept will mail information including the By-Laws to you upon completion of this Agreement. If you have questions about this Contract Application, or wish to receive information prior to submitting this Agreement, please call toll free 800-419-2690 or 804-281-1000, Monday through Friday, 7:30 AM to 5:30 PM, EST

<b>For Store and Central Office Use Only</b>	Patronage Patron Number	
Location Name	Location Number	Store Patron Number (6 digits)
<p><b>Instructions for SSC location and Managed Cooperatives:</b> If patron paid \$1, attach to this form a copy of the Miscellaneous Revenue ticket coded to account 127010 and mail to the address shown.</p> <p><b>Instructions for Private Dealers:</b> If patron paid \$1, enclose it with this form and mail to the address show</p>		<p><b>Mail this form to:</b> <b>Southern States Cooperative,</b> <b>Inc. ATTN: Stock Records</b> <b>6606 W Broad Street</b> <b>Richmond, VA 23230</b></p>

Accepted by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Store Personnel - ONLY)