



Dear Customer of Ceres Solutions,

Thank you for the opportunity to earn your business! We're contacting you today to ensure that you are aware of several potential advantages Ceres Solutions Cooperative has to offer you. As we reviewed our membership records, we discovered that, while you are a valued customer, you have not become a shareholding member.

Have you considered membership before? A quick review of the benefits, as well as an introduction to the simple membership process, might persuade you to take this step today.

As a shareholding member, you're entitled to a vote in cooperative elections. For example, members elect our board of directors, and members can also consider serving as a director themselves. The role of director is very important; they provide leadership insights, and also hire and maintain accountability for the co-op manager.

In addition, membership entitles you to earnings due to you through Ceres Solutions' Patronage Refund Program. Patronage is paid to voting members based on the dollar volume of business done with the cooperative during the prior fiscal year. Patronage amounts are approved by the Board of Directors, and can be significant.

It's very simple to become a member. Applicants must be engaged in production agriculture, and purchase one share (\$5.00) of voting stock. There is no other obligation. **To apply, complete the enclosed membership application and provide your tax number verification Form W-9.** Enclose your \$5.00 check payable to Ceres Solutions. Upon approval by the Board of Directors, your check will be cashed and your membership in Ceres Solutions begins.

It has been our pleasure to have you as a customer. We want to ensure you get every advantage you are entitled to... please consider becoming a member today!

Cordially,

Marie Y. Ringen, Equity/Accounting Specialist
Ceres Solutions Cooperative, Inc.

enclosure





Membership Application

Thank you for your interest in joining your 100% farmer-owned co-op!

Applicant hereby agrees to purchase stock in Ceres Solutions Cooperative, Inc., by payment of cash, and thereby to become a shareholding member. **One name per application please.** This application for membership is to be recorded and patronage allocation made in the name of:

APPLICANT INFORMATION

Full Name _____ Date of Birth _____ SSN or I.D.# _____

Mailing Address _____ Years at this address? _____

City/State/Zip _____ County _____

Farm Location(s) _____ Phone _____

Occupation (other than farming) _____ E-mail _____

FARM INFORMATION

Primary Ceres Solutions Branch Serving You _____

Acreage Owned _____ Acreage Rented _____ Years of Farming Experience _____

Head/Acres:

Swine _____ Corn _____
 Beef Cattle _____ Beans _____
 Dairy Cattle _____ Sheep _____
 Poultry _____ Other _____

Landlord Name/Address _____

CO-OP CONNECTIONS

Do you currently patronize the Co-op? Yes No

Previously as: AgroKey Co-op Growers Co-op North Central Co-op Westland Co-op

Accounts under what name(s)? _____

Accounts under what number(s)? _____

QUALIFICATIONS FOR MEMBERSHIP IN CERES SOLUTIONS COOPERATIVE, INC.:

(a) The members of this cooperative shall be the holders of its voting common stock who are qualified to hold same in accordance with the provisions of the Articles of Incorporation and of the Bylaws, and who patronize and cooperate with this co-op.

(b) Any person, partnership, corporation or association who or which is a producer of agricultural products, or who or which, by virtue of being a landlord or tenant, shares or has an interest in the production of agricultural products, and any association of such producers may become a member by patronizing this co-op and acquiring at least one share of its voting common stock, and may remain a member of this co-op so long as he or it is a producer, has an interest in the production of agricultural products or is an association of such producers and continues to patronize this co-op.

No person, partnership, corporation or association shall be deemed to be a patron of this co-op if he or it has not patronized or done business with this Co-op during the immediately preceding three fiscal years. If my application for membership in the Co-op is approved, I hereby consent to take into account at their stated dollar amounts in the taxable year received by me and in the manner provided in section 1385 (a) of the Internal Revenue Code, any distribution with respect to my patronage of or with the Co-op on and after the date on which I become a member of the Co-op that are made "in written notices of allocation" as defined in Section 1388 of the Internal Revenue Code.

I hereby certify that I meet the qualifications for membership in this cooperative, as set forth above, and submit herewith, in payment in full for one (1) share of cooperative voting common stock to be issued in my name, the sum of \$5.00. Cash accepted. (If you pay by check, please anticipate that your check will not clear until after the next board meeting.)

Applicant Signature _____ Date _____

OFFICE USE: Date _____ Patron # _____ Certificate # _____ Date of Board Approval _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">or</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number				-				or		Employer identification number				-			
Social security number																			
-																			
or																			
Employer identification number																			
-																			

Part II Certification Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer 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. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

CERES SOLUTIONS PATRONAGE VOLUME DIVISION AUTHORIZATION

I/We hereby authorize the division of any patronage volume for business transacted in the name of; _____

Account # _____ to be divided as listed below. The person/s to which it is to be transferred must be members/s of Ceres Solutions Co-op. To be a member you must be associated with a farm, complete an application, and own one \$5.00 share of Ceres Solutions Co-op stock.

PERCENT	NAME	ACCT. NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

100% TOTAL MUST EQUAL 100%

This is to be effective until Ceres Solutions Cooperative is notified in writing of any change, or patron/s listed in this division becomes ineligible to receive patronage refund; Death, etc.

Signature	Title (owner, officer, etc.)	Date
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