

**INSTRUCTIONS FOR COMPLETION OF WAREHOUSE 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. Depositor'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 partner. 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 on a warehouse receipt, only the warehouse receipt number and information off of the receipt need to be shown (if you have possession of the original copy of the warehouse receipt, check the back of the receipt to see if any deductions have been made from the total shown on the front of the receipt). If your claim is for grain listed on a settlement sheet for which no warehouse receipt has been issued, show only the settlement sheet number and the total of bushels listed on the settlement sheet. **It is only necessary to enter each scale ticket if neither a settlement sheet nor a warehouse receipt has been made out for your grain.**

6. Indicate Documentation:

Photocopies of the documents listed in Item number 5 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.

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Note: After the Iowa Grain Indemnity Fund Board approves your claim, you will receive a Notice of Approval of Claim form, a Subrogation & Assignment form, and, if applicable, Creditor's Release forms. At that time you will be requested to send the original (white) copy of warehouse receipts if they are in your possession. These must be returned with the Subrogation & Assignment form (and Creditor's Releases) before a check can be sent to you in payment of your claim. No further documents or photocopies of documents will be needed once your claim is approved if your claim is represented only by scale tickets or settlement sheets.

7. Options for payment:

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.

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.

8. 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).

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 warehouse claim form. This claim form may be returned by ordinary mail.

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

NOTE: 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.

<p>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.</p>
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