

B. Substantial Beneficial Interest Form

LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE Substantial Beneficial Interest Form										
NAME OF APPLICANT/INSURED				CONTRACT NUMBER						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">SSN</td> <td style="width: 25%; text-align: center;">EIN</td> <td style="width: 25%; text-align: center;">OTHER</td> <td style="width: 25%; text-align: center;">(Check One)</td> </tr> </table>				SSN	EIN	OTHER	(Check One)			
SSN	EIN	OTHER	(Check One)							
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER				ADDRESS OF AGENT						
AGENT NAME		AGENT CODE NUMBER		COMPANY NAME						
List persons and/or entities with 10 percent or more interest in the insurance entity identified above as the Applicant/Insured.										
NAME (Print or Type)	COMPLETE ADDRESS (St., R.R., P.O. Box, Zip, etc.)	SSN/EIN (Check One & Enter No.)			TELEPHONE NUMBER	ENTITY TYPE	SHARE			
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()					
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()					
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()					
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()					
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()					
		<input type="checkbox"/> SSN	<input type="checkbox"/> EIN	<input type="checkbox"/> OTHER	()					
SIGNATURE OF APPLICANT/INSURED					DATE					