

# Appendix 1<sup>1</sup>

## Substantial Beneficial Interest Form for Cattle

<b>LIVESTOCK GROSS MARGIN FOR CATTLE INSURANCE Substantial Beneficial Interest Form</b>												
NAME OF APPLICANT/INSURED			CONTRACT NUMBER									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">SSN</td> <td style="width: 33%; text-align: center;">EIN</td> <td style="width: 33%; text-align: center;">OTHER</td> <td style="text-align: right;">(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					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">SSN</td> <td style="width: 33%; text-align: center;">EIN</td> <td style="width: 33%; text-align: center;">OTHER</td> </tr> </table>			SSN	EIN	OTHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(</td> <td style="width: 33%; text-align: center;">)</td> </tr> </table>	(	)		
		SSN	EIN	OTHER								
(	)											
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		SSN	EIN	OTHER								
(	)											
SIGNATURE OF APPLICANT/INSURED					DATE							

<sup>1</sup>This is the USDA form for the 2008 crop year. Revisions may be made in subsequent crop years. Additionally, variations of the form may be used by different insurance companies.

# Substantial Beneficial Interest Form for Swine

<b>LIVESTOCK GROSS MARGIN FOR SWINE INSURANCE Substantial Beneficial Interest Form</b>							
NAME OF APPLICANT/INSURED				CONTRACT NUMBER			
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
		SSN	EIN	OTHER			
					(    )		
					(    )		
					(    )		
					(    )		
					(    )		
					(    )		
					(    )		
SIGNATURE OF APPLICANT/INSURED					DATE		