Instructions to Complete Rider for General Use with Trust Fund Agreement or Trust Agreement Form P&SP-2400

When you, as a packer, market agency, or dealer (also referred to as the Principal), amend either the Trust Fund Agreement or Trust Agreement that is provided as bond coverage for your operation use form P&SP-2400.

A rider amending a bond equivalent requires complete and correct information to be submitted to the Packers and Stockyards Program on Form P&SP-2400. If any information is missing or incorrect, the Packers and Stockyards Program will return the rider form to the principal or financial institution for completion or correction. If the trustee's signature has not been obtained, the regional office will obtain the trustee's signature, and will ensure that the trustee retains an original copy of the rider for his/her files.

Operating without proper registration and bond may subject the principal to severe penalties under law, including a fine of not more than \$11,000 for each violation.

Mail two copies of the completed form to the regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below its address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration					
Eastern Regional Office		Midwestern Regional Office			
Suite 230	3950 Lewiston St., Suite 200	Room 317			
75 Spring Street	Aurora, CO 80011-1556	210 Walnut Street			
Atlanta, GA 30303-3308	Telephone: (303) 375-4240	Des Moines, IA 50309-2110			
Telephone: (404) 562-5840	FAX: (303) 371-4609	Telephone: (515) 323-2579			
FAX: (404) 562-5848	E-mail:	FAX: (515) 323-2590			
E-mail:	PSPDenverCO.GIPSA@usda.gov	E-mail:			
PSPAtlantaGA.GIPSA@usda.gov		PSPDesMoinesIA.GIPSA@usda.gov			
States Covered	States Covered	States Covered			
AL, AR, CT, DC, DE, FL, GA, LA,	AK, AZ, CA, CO, HI, ID, KS, MT,	IA, IL, IN, KY, OH, MI, MO, MN,			
MA, MD, ME, MS, NC, NH, NJ,	NM, NV, OK, OR, TX, UT, WA,	ND, NE, SD, WI			
NY, PA, RI, SC, TN, VA, VT, WV	WY				

If you have any questions about the form or completing the form, please contact the regional office of the Packers and Stockyards Program listed above.

In most instances, the bank or financial institution providing the collateral for the referenced agreement will complete lines 1 through 11, 13 through 17, and 19 through 21, as applicable to the type of agreement originally filed by the Principal. The Principal may also complete the lines referenced above.

If the original agreement is a **Trust Agreement** with a **Letter of Credit**, it is not necessary to complete lines 8, 9, and 17 through 21.

If a Change of Trustee is implemented by the rider, the Former Trustee will sign line 12(a), and the Successor (Current) Trustee will sign line 12(b).

If a Change of Depository is implemented by the rider, the Former Depository will sign line 18, and the Successor (Current) Depository will sign line 18(b). The Current Depository will also sign line 21.

The Principal must sign line 23(a).

The current Trustee must sign line 23(b)

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Line No.	Subject	Instructions	
1	Trust Fund Agreement No.	If the agreement being amended is a Trust Fund Agreement (TFA) , enter that identification number	
2	Trust Agreement No.	If the agreement being amended is a Trust Agreement (TA), enter that identification number.	
3	Amount	Enter the current amount of the agreement.	
4	Dated	Enter the original effective date of the agreement.	
5	Principal	Enter name of the Principal. The name must match that listed on the original agreement or the most current as changed by a previous rider.	
6	Trustee	Enter the trustee, as named on the original agreement, or the most current as changed by a previous rider.	
7	Depository	If the original agreement is a Trust Fund Agreement , enter the depository, as named on the original agreement, or the most current as changed by a previous rider.	
		If the original agreement is a Trust Agreement , leave this section blank.	
	s 8 through 21 to specify changes the ge you make to the agreement.	ne rider makes to the agreement. Complete the line(s) appropriate for	
8	Increase in Sum of Agreement	If the original agreement is a Trust Fund Agreement , enter the amount of the agreement before the increase and the amount of the agreement after the increase.	
		If the original agreement is a Trust Agreement , leave this section blank.	
9	Decrease in Sum of Agreement	If the original agreement is a Trust Fund Agreement , enter the amount of the agreement before the decrease and the amount of the agreement after the decrease. If the original agreement is a Trust Agreement , leave this section blank.	
10	Change in Name of Principal	Enter the full name and address of the Principal in the FROM section as stated on the original agreement or previous rider and the principal's current name and address in the TO section.	
11	Change in Name of Trustee	Enter the full name and address of the former (previous) trustee in the FROM section as stated on the original agreement or previous rider and the full name and address of the successor (current) trustee in the TO section.	
12(a)	Former Trustee's Signature	If there is a change in the name of the trustee, the former trustee to the agreement must sign the form.	
12(b)	Successor Trustee's Signature	If there is a change in the name of the trustee, the successor (current) trustee to the agreement must sign the form.	
13	Add Condition 3 to Agreement	Check the appropriate box to indicate if the rider adds clearing services to the agreement (Condition Clause 3 on form P&SP-2300).	
14	Delete Condition 3 from Agreement	Check the appropriate box to indicate if the rider deletes clearing services from the agreement (Condition Clause 3 on form P&SP-2300).	
15	Add Clearee to Clause 3	Enter the full name(s) and address(s) of the clearee(s) being added to the agreement.	
16	Delete Clearee from Clause 3	Enter the full name(s) and address(s) of the clearee(s) being deleted from the agreement.	

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Line No.	Subject	Instructions			
Complete	Complete line numbers 17 through 21 if the agreement the principal maintains is a trust fund agreement.				
If the pri	If the principal maintains a trust agreement with a letter of credit, please proceed to item 22.				
17	Change of Depository	Enter the full name and address of the previous depository in the FROM section, and the current depository in the TO section. If there is a change, complete lines 18 through 21.			
18(a)	Former Depository Signature	A responsible officer of the depository that maintained the collateral pledged to the referenced agreement as listed on the original Trust Fund Agreement, or as changed by a previous rider must sign the form.			
18(b)	Successor Depository Signature	A responsible officer of the financial institution that currently maintains the collateral pledged to the referenced Trust Fund Agreement must sign the form.			
19	Name of Bank or Other Depository	Enter the name of the financial institution that currently maintains the collateral pledged to the referenced Trust Fund Agreement.			
20	Account or Security(ies) Identification and Number	Enter the account number or identification numbers of all accounts or securities that are pledged to the referenced Trust Fund Agreement.			
21	Depository By	A responsible officer of the financial institution, acting as Successor Depository, must sign the form to signify the officer understands the responsibility of the depository regarding the disposition of the funds pledged to the trust fund agreement.			
22	Rider Effective Date	Enter the effective date of the rider.			
23(a)	Signature of Principal	The Principal, or someone authorized to sign for the principal (for example, a partner, owner, or officer), must sign the form.			
23(b)	Trustee Signature	The trustee, or someone authorized to sign on behalf of the trustee, must sign the form.			

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OMB Control No. 0580-0015 Expires: xx/xx/20xx

U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM

RIDER FOR GENERAL USE WITH TRUST FUND AGREEMENT OR TRUST AGREEMENT (Bond Equivalents)

To be attached to and to form a part of **Trust Fund Agreement No**. (1) ______ or

(Bond Equivalents)
Required Under Packers and Stockyards Act, 1921, As Amended and Supplemented

Trust	Agreement No. ((2) in the amount of (3) \$, dated (4),	
namin	g (5)		
as Prir	ncinal (6)		
	-	st Fund Agreement, (7)	
		as Depository.	
	The subject Ag	greement is amended as follows:	
		The sum of the Trust Fund Agreement identified above is increased. FROM \$ TO \$	
Not 1	For Use with Trus (If a Depositor		
	crease in sum of	The sum of the agreement identified above is decreased. FROM \$	
Not	For Use with Tru	TO <u>\$</u> st Agreement	
	ange in name Principal	The name of the principal as given in the agreement identified above is changed. FROM TO	
11 . Cł	The Trustee as given in the agreement identified above is changed. FROM TO		
The ch	ange in trusteeship	and transfer of the original agreement to the new trustee is agreed to and accepted.	
12(a)) Former trustee's	signature 12(b) Successor trustee's signature	
	dding Condition ause Three to	The agreement identified above is amended to add Condition 3, Clearing Services.	
Aş	greement	Please check YES or NO, as applicable ☐ YES ☐ NO	
	eleting Condition ause Three to	The agreement identified above is amended to delete Condition 3, Clearing Services.	
Aş	greement	Please check YES or NO, as applicable ☐ YES ☐ NO	

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15. Adding Clearee to Clause Three of Agreement	THE NAME(S) OF			
	(Name(s) and Address(s) is (are) added as clearee(s) under the clearing services clause of agreement identified above.			
16. Deleting Clearee from Clause Three				
of Agreement	(Name(s) and Address(s)			
TOTAL TAX		under the clearing services clause of agreement identified above		
Proceed to Item 22	ung a Trust Fund Agreemen	t, Please Complete Items 17 through 21, Otherwise		
17. Change of Depository	The Depository Is Changed FROM			
	(Name(s) and Address(s)			
	то	(Name(s) and Address(s)		
18(a) Signature of Office	er of Former Depository	18(b)* Signature of Officer of Successor Depository		
* Succes	ssor Depository Will Need to 0	Complete the Following Depository Statement		
	DEPOSI	TORY STATEMENT		
19. Name of Bank or 0	Other Depository			
20. Account or Securit	ty(ies) Identification and Num	ber		
funds under the above t trustee appointed by Pa	trust fund agreement, to be paid ackers and Stockyards Program	the account and/or security(ies) identified above are trust d out only as directed in writing by trustee, or by a successor and properly identified as such, or by a court of competent y person's disposition of such funds.		
21. Depository by (Au				
All other cond	itions of this agreement rema	ain the same.		
	_	day of		
23(a) Signature of Princ	sipal	23(b) Signature of Trustee		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time required to complete this information collection is estimated to average 1 hour 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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