



CHS Inc. Membership and Patronage Application and Eligibility Form

For Office Use Only	
SAP BP ID:	_____
Location/BU:	_____
Revised May 2026	

***Required information**

_____ ***Print legal name of individual or entity (as recorded with the IRS)** _____ ***Telephone (include area code)**

_____ **Doing business as/care of** _____ ***Email address**

_____ ***Mailing address** _____ ***Birth date (if individual)**

_____ ***City** _____ ***State** _____ ***ZIP** _____ **Incorporation date (if entity)**

CHS Inc. Counterparty Disbursements Authorization Form [Electronic Funds Transfer (EFTs) -- ACH and Wire Transfers] — Required for CHS membership and patronage

CHS issues all patronage, equity redemptions and other payments to eligible patrons via **Electronic Funds Transfer (EFT)**.

To be eligible for membership or patronage:

You must complete and submit the CHS Inc. Counterparty Disbursement Authorization Form to allow EFT/ACH found on the last page of this document. CHS will not process or approve this application without valid EFT instructions on file.

I acknowledge that I have completed and submitted a CHS Inc. Counterparty Disbursement Authorization Form.

Applicant type

Choose the **one category** that best describes your operation. Certain categories require you to complete a corresponding supplemental form.

Individuals Engaged in Agricultural Production (applicant must be minimum of age 18)

- 1. U.S. individual producer of agricultural products (including landowner participating in crop-sharing)
- 2. Canadian producer of agricultural products

Entities Engaged in Agricultural Production That Are Owned by Farmers, Ranchers or Family Groups of Farmers or Ranchers

(Requires completion of supplemental Form #1)

- 3. Operation or entity that is a producer of agricultural products and is owned or controlled by individual farmers, ranchers or their family groups
- 4. Trust or estate that is a producer of agricultural products and is owned by individual farmers or ranchers and is operating for the benefit of beneficiaries or heirs
- 5. Community of individuals engaged in communal agricultural production

Cooperative Associations

(Requires cooperative articles of incorporation and bylaws)

- 6. Entity conducting business on a cooperative basis

Not Engaged in Agricultural Production

- 7. Individual who is not a producer of agricultural products (e.g., cash rent landowner)
- 8. Business that is not a producer of agricultural products
- 9. School, church or government entity

Entities 100% Owned by Multiple CHS Members But Not Engaged in Agricultural Production

(Requires completion of supplemental Form #2)

- 10. Entity wholly (100%) owned by multiple CHS members, but that is not a producer of agricultural products

Entities at Least 20% Owned by Qualifying Associations or Producers of Agricultural Products

(Requires completion of supplemental Form #3)

- 11. Entity at least 20% owned by qualifying associations or producers of agricultural products that meet specified business-activity thresholds



***Consent – Please mark ONE section below, either select (1-Consent) or (2-Waiver) below.**

1. Consent - By checking this box, entering my name below and submitting this form, I consent to include in my gross income for federal income tax purposes in the year of receipt in the manner provided in Section 1385(a) of the Internal Revenue Code the stated dollar amount of each written notice of allocation which I receive from CHS Inc. and its successors with respect to my patronage occurring during the current and all subsequent taxable years. This consent does not apply to any written notices of allocation labeled "nonqualified." Under Section 1385(b), written notices of allocation attributable to personal, living or family items and those properly taken into account as an adjustment to basis of property need not be included in gross income. This written consent shall be revocable by me in writing at any time.

I also acknowledge receipt of the CHS Inc. Consent Bylaw and Statement of Significance set forth on the final page of the application, which provides additional information about my consent (eligible to receive patronage).

2. Waiver - By checking this box, entering my typed name below and submitting this form, I waive any patronage dividends that I may be eligible to receive arising out of my business with CHS Inc. and its successors during its current and subsequent fiscal years. This disclaimer of patronage dividends shall be valid until revoked by me in writing in accordance with federal income tax laws (i.e., I/we do not desire to receive patronage).

* _____ *or _____ *or _____
Social Security Number **Federal Identification Number or** **Canadian Taxpayer Number or Equivalent**
(U.S. individuals) **Equivalent** (U.S. entities/cooperatives) (Canadian producers)

The undersigned certifies and acknowledges:

All information provided on this CHS Inc. Membership and Patronage Application and Eligibility Form is true and correct. The number recorded on this form is the correct taxpayer identification number to be used for the account named on the first line of this form. It is important to note that only one number can be used, and that number should match the number on file with the IRS. This is the number under which CHS will report patronage earnings.

Also, by completing this Patronage Application and Eligibility Form, the applicant acknowledges that CHS may request information or documentation from the applicant to verify the information provided. Accordingly, the applicant agrees to provide that information to CHS or its representatives upon request, as well as to make its employees and/or officers available as CHS may reasonably request, for the limited purpose of verification of this Patronage Application and Eligibility Form.

The applicant further acknowledges that membership and patronage applications are approved in the sole discretion of the CHS Board of Directors and its delegates.

The applicant further acknowledges that CHS will issue all payments to eligible patrons via EFT and that this application will not be approved without a completed CHS Inc. Counterparty Disbursement Authorization Form [Electronic Funds Transfer (EFTs) -- ACH and Wire Transfer].

* ____ / ____ / ____
Date

* _____
Signature of applicant or authorized signatory granted authority to act on behalf of applicant

Title of officer if applicant is an entity

***Return form to the CHS location where applicant will conduct business.
For questions call 1-800-535-4645 or email patron.equities@chsinc.com***



Certification of Entities Engaged in Agricultural Production That Are Owned by Farmers, Ranchers or Family Groups of Farmers or Ranchers

Form #1

For applicants selecting categories 3, 4 or 5

Purpose of this form

CHS requires this form to confirm your operation qualifies as an entity that is a producer of agricultural products eligible for membership and patronage.

Operation information

Operation name

Type of legal entity (includes unincorporated family farm/ranch association)

Describe what the operation does (include description of agricultural activities)

Ownership information

Provide information for all owners. Ownership must total 100%.

Owner Name	Ownership %	Owner's Tax ID#:	Producer of Agricultural Products	Owner(s) Is/Are Part of a Family Group
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required certifications

By completing this form, the operation certifies that:

1. The operation is engaged in producing one or more agricultural products and is applying for CHS membership and patronage.
2. The operation meets the CHS definition of a producer of agricultural products.
3. All business with CHS will be solely for production of one or more agricultural products.

_____/_____/_____
Date

Authorized representative's name

Authorized representative's title

Authorized representative's signature



Certification of Entities 100% Owned by Multiple CHS Members But Not Engaged in Agricultural Production

Form #2

For applicants selecting category 10

Purpose of this form

CHS requires this form to confirm that your entity is wholly (100%) owned by CHS members. If any owners are not already CHS members, they must complete and submit CHS membership applications in their own names. We need to confirm eligibility of all owners before your entity can be considered for nonmember patronage.

Entity information

Entity name

Type of legal entity

Describe the entity's activities (what does the entity do?)

Ownership information

List all owners of the applying entity. Ownership must total 100%.

Owner Name	City/State	Ownership %	Owner's Tax ID#:	CHS Member
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

By completing this form, the applicant certifies the entity is wholly (100%) owned by CHS members. CHS may contact the applicant if ownership cannot be confirmed.

_____/_____/_____
Date

Authorized representative's name

Authorized representative's title

Authorized representative's signature



Certification of Entities at Least 20% Owned by Qualifying Associations and Producers of Agricultural Product

Form #3

For applicants selecting category 11

Purpose of this form

CHS requires this form to confirm your entity meets the ownership and business activity thresholds required for patronage eligibility.

Entity information

Entity name

Describe the entity's activities (what does the entity do?)

Ownership information

List all owners of the applying entity. Ownership must total 100%.

Owner Name	City/State	Ownership %	Owner's Tax ID#:	Qualifying Association or Producer
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

By submitting this form, the entity certifies:

- At least 20% of the entity is owned by qualifying associations or producers of agricultural products.
- At least 75% of the entity's business meets CHS requirements, meaning it:
 - Involves business done with or for producers of agricultural products or associations and relates to production, processing or transportation of agricultural products; or
 - Involves the sale of Cenex® brand refined fuels through branded retail facilities serving ag communities of ≤1 million population.
- Business activity involving resale of purchased agricultural products may be excluded from eligibility calculations and documentation may be required.

_____/_____/_____
Date

Authorized representative's name

Authorized representative's title

Authorized representative's signature



Producers of Agricultural Products: CHS Articles of Incorporation, Article IV, Section 2 states: For purposes of this Article IV, “producers of agricultural products” shall mean persons (including individuals and joint ventures, corporations, partnerships, limited liability companies, limited liability partnerships, unincorporated associations or other legal entities owned or controlled by individual farmers, ranchers or their family groups) that are engaged in the production of one or more agricultural products, including tenants of land used for the production of such products and lessors of such land that receive rent for any part of the product of such land.

Qualifying Associations: A Cooperative Association Member of CHS or such an association that is not a member of CHS but that would meet the requirements of membership.

Consent Bylaw of CHS Inc.

ARTICLE VIII.

Consent

Section 1 - Consent. Each individual or entity that hereafter applies for and is accepted to membership in this cooperative and each member of this cooperative as of the effective date of this bylaw who continues as a member after such date shall, by such act alone, consent that the amount of any distributions with respect to its patronage which are made in written notices of allocation (as defined in 26 U.S.C. §1388), and which are received by the member from this cooperative, will be taken into account by the member at their stated dollar amounts in the manner provided in 26 U.S.C. §1385(a) in the taxable year in which such written notices of allocation are received by the member.

Section 2 - Consent Notification to Members and Prospective Members. Written notification of the adoption of this bylaw, a statement of its significance and a copy of the provision shall be given separately to each member and prospective member before becoming a member of this cooperative.

Section 3 - Consent of Nonmember Patrons. If this cooperative obligates itself to do business with a nonmember on a patronage basis, such nonmember must either: (a) agree in writing, prior to any transaction to be conducted on a patronage basis, that the amount of any distributions with respect to patronage which are made in written notices of allocation (as defined in 26 U.S.C. §1388), and which are received by the nonmember patron from this cooperative, will be taken into account by the nonmember patron at their stated dollar amounts in the manner provided in 26 U.S.C. §1385(a) in the taxable year in which such written notices of allocation are received by the nonmember patron and further, that any revocation of such agreement will terminate this cooperative’s obligation to distribute patronage with respect to transactions with such nonmember that occur after the close of this cooperative’s fiscal year in which the revocation is received; or (b) consent to take the stated dollar amount of any written notice of allocation into account in the manner provided in 26 U.S.C. §1385 by endorsing and cashing a qualified check as defined in and within the time provided in 26 U.S.C. §1388(c)(2)(C); provided that failure to so consent shall cause the written notice of allocation that accompanies said check to be canceled with no further action on the part of this cooperative.

Statement of Significance

The significance of the above-stated CHS bylaw is that if you become a member of CHS after adoption of the bylaw (and after receipt of this notice), or if you were already a member and remain a member after receipt of notice, any patronage distribution made to you in written notices of allocation (with respect to your patronage of this cooperative for a tax year of this cooperative beginning on or after June 1, 1963, and accompanied by a distribution of 20 percent or more in cash) will be included in your income in the year of receipt at their stated dollar amounts for federal income tax purposes. (However, the patronage distribution does not have to be included in your income if it represents a patronage distribution on the purchase of personal, living or family items or of capital assets or property used in a trade of business subject to depreciation. The patronage distribution relating to capital assets or property used in a trade or business, however, must be used to reduce the cost basis of said assets or property.) The consent does not apply to written notices of allocation labeled “nonqualified.” The amount included in your income will be the full amount of the patronage refund distribution (with the exception above stated), not just the portion of it paid in cash.

Please go to www.chsinc.com/about-us/owners-and-investors to view our articles of incorporation and bylaws. For information on how CHS may use your personal data, please visit www.chsinc.com/privacy-policy.

CHS Inc. Counterparty Disbursements Authorization Form Electronic Funds Transfer (EFTs) – ACH and Wire Transfers



The named company/individual acknowledges and agrees that the terms and conditions of all agreements with CHS and its subsidiaries concerning the method and timing of payments for goods and services shall be amended as provided herein. The named company/individual further acknowledges and agrees that the method of payments of any and all other amount(s) due and owing by CHS including, but not limited to, payments of patronage and/or equity/patronage redemption may be made in the same manner. Payment will be delivered via electronic funds transfer to the bank account noted below. The named company/individual will give thirty (30) days advance notice in writing to CHS for any changes in its depository institution or other payment instructions. To help us ensure accuracy, please provide the following if available: **For US and CA checking accounts, provide a voided or clear copy of check, for savings accounts, provide savings deposit slip or a clear copy.** For all other countries, and for other counterparties unable to provide the above items, a bank instruction confirmation letter on bank or company letterhead is sufficient support.

All fields marked with an asterisk (*) are required.

Areas In Orange Are To Be Completed By CHS Before Sending To Counterparty

Payee Information:

Disbursement Type: ACH Wire Transfers

Request Type: New Setup Change Request

*Payee Legal Name:

*CHS Account Number:
(Only for Change Requests and is Located on Payment Remittance)

*Mailing Address:

*City, State, ZIP:

*Phone: ()

*Email Address
(for payment notifications):

(Payment notifications will be sent from _____ to the email address provided above)

Accounts Receivable Information (if applicable):

Contact Name:

Phone (if different than above): ()

Email (if different than above):

EFT Disbursement/Payment Information:

Note: ACH payments to Canadian financial institutions will be made in Canadian Dollars (CAD).

*Bank Name

*Bank Country, City (address if applicable)

*Bank ABA Routing Number or SWIFT/BIC:

Bank IBAN, if applicable:

*Bank Account Number: (Non-US e.g. CLABE or CNAPS)

Savings Account:

Intermediary Bank Information if Applicable (Wire Transfers):

*Bank Name:

*Bank Country:

*Bank ABA Routing Number or SWIFT/BIC:

Authorization:

*Authorized Person:

(Print Name)

*Signature (required):

*Date:

** Please expect a phone call from CHS to verbally verify your account information. Requests will be processed within 30 days once verification of account information is completed. **

Submit the completed form via email or fax. If you have questions about this form, please call _____ at _____

Email:

Fax: