

U.S. Department of Agriculture Agricultural Marketing Service Fair Trade Practices Program Packers and Stockyards Division	RIDER FOR GENERAL USE WITH TRUST FUND AGREEMENT OR TRUST AGREEMENT Required Under Packers and Stockyards Act, 1921, As Amended and Supplemented
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To be attached to and to form a part of **Trust Fund Agreement No. (1)** _____
 or **Trust Agreement No. (2)** _____ originally dated **(3)** _____, naming
(4) _____
 as Principal, **(5)** _____
 as Trustee; and if a **Trust Fund Agreement**, **(6)** _____
 _____ as Depository.

The subject Agreement is amended as follows:

7. Increase in sum of Trust Fund Agreement Not for use with a Trust Agreement	The agreement identified above is increased FROM: \$ _____ TO: \$ _____ (The Depository must complete the Depository Statement on the second page of this form.) ATTACH A COPY OF THE SECURITY TO THIS RIDER
8. Decrease in sum of Trust Fund Agreement Not for use with a Trust Agreement	The sum of the agreement identified above is decreased FROM: \$ _____ TO: \$ _____ ATTACH A COPY OF THE SECURITY TO THIS RIDER
9. Change in Name of Principal (Name, Address, Phone, and Email)	The name, address, phone no. and email of the Principal, as given in the agreement identified above, are changed FROM: _____ _____ TO: _____ _____
10. Change of Trustee (Name, Address, Phone, and Email)	The name, address, phone no. and email of the Trustee, as given in the agreement identified above, are changed FROM: _____ _____ TO: _____ _____
The change of trustee and transfer of the original agreement to the new trustee is agreed to and accepted.	
11(a) Name of Former (Current) Trustee	Signature of Former (Current) Trustee
11(b) Name of Successor (New) Trustee	Signature of Successor (New) Trustee

<p>12. Amend Condition Clauses of Agreement</p>	<p>The condition clause of the agreement identified above is amended</p> <p>FROM: _____</p> <p>TO: _____</p>
<p>13. Add Condition Clause 3 to agreement</p>	<p><input type="checkbox"/> Add condition 3, Clearing Services to the above named agreement. If checked go to line 15 of this form.</p>
<p>14. Delete Condition Clause 3 from agreement</p>	<p><input type="checkbox"/> Delete condition 3, Clearing Services from the above named agreement. If checked go to line 16 of this form.</p>
<p>15. Add Clearee to Clause 3</p> <p>(Name(s), Addresses(s), Phone(s) and Email</p>	<p>The name(s), address(s), and telephone(s) of :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>is (are) hereby added as clearee(s) to the agreement identified above.</p>
<p>16. Delete Clearee from Clause 3</p> <p>(Name(s), Addresses(s), Phone(s) and Email</p>	<p>The name(s), address(s), and telephone(s) of :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>is (are) hereby deleted as clearee(s) from the agreement identified above.</p>
<p>17. Change of Depository</p> <p>(Name, Address, Phone and Email)</p>	<p>The name, address, and telephone of the Depository, as given in the agreement identified above, are changed</p> <p>FROM _____</p> <p>_____</p> <p>TO _____</p> <p>_____</p>
<p>*SUCCESSOR DEPOSITORY MUST COMPLETE THE FOLLOWING DEPOSITORY STATEMENT</p>	
<p>DEPOSITORY STATEMENT: The Depository Statement must be completed if there is any change to the amount of the collateral pledged to the referenced Trust Fund Agreement, or a change in the depository,</p>	
<p>18. Name of Bank or Other Depository</p> <p>_____</p>	
<p>19. Account or Security(ies) identification and Number(s);</p> <p style="text-align: center;">A copy of the Security must be attached to this document</p> <p>Depository acknowledges having received notice that the account and/or security(ies) identified above are trust funds under the above trust fund agreement, to be paid out only as directed in writing by currently named trustee, or by a successor trustee appointed by Packers and Stockyards Division and properly identified as such, or by a court of competent jurisdiction. Depository will not be responsible for any person's disposition of such funds.</p>	
<p>20a. Depository by (Authorized signature)</p>	<p>20b. Name of Officer</p>

The identified agreement on page 1, line 1 (TA) or 2 (TFA) shall be subject to all its agreements, limitations, and conditions except as herein expressly modified, and further that this agreement and all riders attached thereto, including this rider, shall not be cumulative, and when loss shall occur under this agreement during a period of time within which the penalty of the agreement shall vary, the aggregate liability of the agreement shall in no event exceed the largest penalty of this agreement in force during the period of time within which such loss shall occur under this agreement.

All other conditions of this agreement remain the same.

21. This rider shall become effective as of the _____ day of _____, 20__.

22a. Name of Principal	22b. Signature of Principal
23a. Name of Trustee	23b. 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 is 0581-0308. The time required to complete this collection is estimated to average 1.5 hours 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.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is also available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (a) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (b) fax: (202) 690-7442; or (c) email: program.intake@usda.gov.

**Instructions to Complete
Rider for General Use with Trust Fund Agreement or Trust Agreement
Form PSD 2400**

A rider amending a trust agreement or trust fund agreement requires complete and correct information to be submitted to the Packers and Stockyards Division (PSD) on Form PSD 2400. If any information is missing or incorrect, the PSD will return the rider form to the principal or financial institution for completion or correction. If the trustee is a state official, the regional office will obtain the signature of the trustee and ensure the trustee retains an original copy of the rider their files.

Operating without proper registration and bond may subject the principal to severe civil penalties as authorized by law for each violation, and additional penalties for each day the violation continues (7 U.S.C § 203)

Submit a fully executed Trust Agreement/Trust Fund Agreement rider form to the PSD regional office as listed below. The areas covered by each regional office are listed below its address.

Regional Offices of the Packers and Stockyards Division Agricultural Marketing Service, Fair Trade Practices Program		
Eastern Regional Office 75 Ted Turner Drive SW, Ste 230 Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: PSDAtlantaGA@ams.usda.gov	Midwestern Regional Office 210 Walnut Street, Room 317 Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: PSDDesMoinesIA@ams.usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: PSDDenverCO@ams.usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NL, NY, PA, PR, QC, RI, SC, TN, VA, VT, WV	IA, IL, IN, KY, MB, MI, MN, MO, ND, NE, OH, ON, SD, WI	AB, AK, AZ, BC, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, SK, TX, UT, WA, WY

If you have any questions about the form or completing the form, please contact the appropriate regional office of the PSD listed above.

NOTE	Subject	Instructions
1	Trust Fund Agreement No.	If the agreement being amended is a Trust Fund Agreement (TFA) , enter the identification number
2	Trust Agreement No.	If the agreement being amended is a Trust Agreement (TA) , enter the identification number.
3	Originally Dated	Enter the original effective date of the agreement.
4	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.
5	Trustee	Enter the trustee, as named on the original agreement, or the most current as changed by a previous rider.

NOTE	Subject	Instructions
6	Depository	<p>If the original agreement is a TFA, enter the Depository, as named on the original agreement, or the most current as changed by a previous rider.</p> <p>If the original agreement is a TA, leave this section blank.</p>
<p>Use lines 7 through 20 to specify changes the rider makes to the agreement. Complete the line(s) appropriate for the change you make to the agreement.</p>		
7	Increase in Sum of Trust Fund Agreement	<p>Enter the amount of the TFA before the increase in the FROM section, and the amount of the TFA after the increase in the TO section.</p> <p>Attach a copy of the security to the rider and complete the Depository Statement.</p>
8	Decrease in Sum of Trust Fund Agreement	<p>Enter the amount of the TFA before the decrease in the FROM section, and the amount of the TFA after the decrease in the TO section.</p> <p>Attach a copy of the security to the rider and complete the Depository Statement.</p>
9	Change in Name of Principal	<p>Enter the full name, address, phone, and email of the Principal in the FROM section as stated on the original agreement or previous rider, and the principal's amended name, address, phone, and email in the TO section.</p>
10	Change in Trustee	<p>Enter the full name, address, phone and email of the former (current) trustee in the FROM section as stated on the original agreement or previous rider and the full name, address, phone, and email of the successor (new) trustee in the TO section.</p>
11(a)	Former Trustee's Signature	<p>If there is a change of trustee, enter the name of the former trustee, and obtain their signature, if available.</p>
11(b)	Successor Trustee's Signature	<p>If there is a change of trustee, enter the name of the successor (new) trustee to the agreement, and obtain their signature.</p>
12	Amend Condition Clause of bond	<p>Enter the condition clause stated on the original agreement in the FROM section, and the condition clause the agreement is changed to in the TO section.</p>
13	Add Condition Clause 3 to Agreement	<p>Check the box to indicate if the rider adds clearing services to the agreement (Condition Clause 3 on form PSD 2300).</p>
14	Delete Condition Clause 3 from Agreement	<p>Check the box to indicate if the rider deletes clearing services from the agreement (Condition Clause 3 on form PSD 2300).</p>

NOTE	Subject	Instructions
15	Add Clearee to Condition Clause 3	Enter the full name, address, phone and email of each clearee added to the agreement.
16	Delete Clearee from Condition Clause 3	Enter the full name, address, phone and email, of each clearee deleted from the agreement.
17	Change of Depository	Enter the full name, address, phone, and email of the previous Depository in the FROM section, and the full name, address, phone, and email of the successor Depository in the TO section. If changing depository, complete lines 18 through 21.
18	Name of Bank or Other Depository	Enter the name of the financial institution which will maintain the collateral pledged to the referenced Trust Fund Agreement.
19	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. Attach copy of security(ies) to rider.
20 a and b	Depository By	<ul style="list-style-type: none"> a. A responsible officer of the financial institution, acting as 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. b. Enter the name of the officer signing the form.
21	Rider Effective Date	Enter the effective date of the rider.
22 a and b	Print and Signature of Principal	<ul style="list-style-type: none"> a. Enter the name of the Principal. b. Principal's signature - The Principal, or someone authorized to sign for the principal (for example, a partner, member or officer), must sign the form.
23 a and b	Print and Trustee Signature	<ul style="list-style-type: none"> a. Enter the name of the Trustee. b. Trustee's Signature - The Trustee, or someone authorized to sign on behalf of the trustee, must sign the form. If the trustee is a state official, PSD will obtain the trustee's signature.

NOTE: Electronic signatures are considered valid.