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

To be attached	l to and to form a part of Trust Fund Agreement No. (1)	
r Trust Agreement N	o . (2) originally dated (3), naming	
4)		
s Principal, (5)		
Trustee; and if a Tru	st Fund Agreement, (6)	
	as Depository.	
he 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: \$\frac{\\$}{\} TO: \$\frac{\\$}{\} (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 truste	ee 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	

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

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 ri	der shall become effective as of the	day of	, 20
22a.	Name of Principal	22b. Signature of Princ	ipal
23a.	Name of Trustee	23b. Signature of Trust	ee

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.

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

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

Line	Subject	Instructions
1	Trust Fund Agreement	If the agreement being amended is a Trust Fund
	No.	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.

Line	Subject	Instructions
6	Depository	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.
		If the original agreement is a TA , leave this section blank.
		anges the rider makes to the agreement. Complete the line(s)
	ate for the change you make	
7	Increase in Sum of Trust Fund Agreement	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.
		Attach a copy of the security to the rider and complete the Depository Statement.
8	Decrease in Sum of Trust Fund Agreement	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.
		Attach a copy of the security to the rider and complete the Depository Statement.
9	Change in Name of Principal	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.
10	Change in Trustee	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.
11(a)	Former Trustee's Signature	If there is a change of trustee, enter the name of the former trustee, and obtain their signature, if available.
11(b)	Successor Trustee's Signature	If there is a change of trustee, enter the name of the successor (new) trustee to the agreement, and obtain their signature.
12	Amend Condition Clause of bond	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.
13	Add Condition Clause 3 to Agreement	Check the box to indicate if the rider adds clearing services to the agreement (Condition Clause 3 on form PSD 2300).
14	Delete Condition Clause 3 from Agreement	Check the box to indicate if the rider deletes clearing services from the agreement (Condition Clause 3 on form PSD 2300).

Line	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	 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.
a and b	Print and Signature of Principal	 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	 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.