

Invest in Illinois

AG INVEST: ANNUAL AGRICULTURE

Acknowledgement Form

In furtherance of the purposes of the Ag Invest: Annual Agriculture Linked Deposit Loan Program ("Program"), the Office of the State Treasurer agrees with the Financial Institution named below to enter into the financial transaction described hereunder:

SECTION 1: LOAN ACKNOWLEDGEMENT										
Borrower's Full Name:	Farm Business Name:									
Address:		County:	County: Last 4 SSN:							
City:	ty:			Female Male						
Phone:	State: Zip: Female Male In what year did the Borrower begin to operate in any part of this farm business?									
Borrower's ethnicity: White Hispani	ic/Latino Black/African A	merican Amer. Indian/Native	American Asian Am	erican Other:						
Loan rate to the Borrower cannot exceed the Deposit	t Rate by more than 3.75%.									
Borrower Loan Amount: Deposit Date (Date of ACH/WT): Maturity Date: *Convention interest rate Which is the convention of the convention o										
Time Deposit Rate:	Borrower Loan	Rate: *Conve	entional Rate:	a linked deposit program.						
certifies that the loan shall be used for elihas the ability to utilize these funds as a l financial institution. In addition, Borrow under the Program through your particip Borrower's Signature	line of credit. The Borrow ver's are allowed one loan j	ver certifies that he/she has n per single borrower not to ex s during the current calendar	no approval authority acceed \$400,000 or \$80	over lending transactions at the						
The Financial Institution certifies that the related Lender Deposit Application Form State Moneys Act (15 ILCS 520) and with Financial Institution shall submit this Act as evidence that the funds are being used made herein and in the related document	n. The Financial Institution h all policies and procedur knowledgement Form to the l for an eligible Program p	on further agrees to comply we res implementing the Annual the Office of the State Treasu urpose. The Financial Institu	with all legal requirem Agriculture Linked I arer within 30 calenc ation certifies that all	nents related to the Deposit of Deposit Loan Program. The dar days from the deposit date statements and representations						
Representative:		Title:								
Financial Institution:										
Address:		(County:							
City:		State:		Zip:						
Phone:	Fax:	Email:								
Representative Signature			Date//	<u>, </u>						
Please return this Acknowledgement Form to: Illinois State Treasurer Michael W. Frerichs Invest In Illinois: Ag Invest * 1 East Old Sta Springfield, Illinois 62701 Phone: (217) 782-0764 * Fax: (217) 558-3793 Email: Banking-TimeDeposit@illinoistreasur Website: www.illinoistreasurer.gov	date s te Capitol Plaza (Nota	SCRIBED and SWORN to before the hould match that of the Borrow ary Public Signature) day of,	ver's signature date)	e (seal)						

SECTION 2: PROJECT INFORMATION AND OPERATIONS

<u>Instructions</u>: The information in this section should only be completed by either the primary Borrower or Financial Institution Representative, per Farm as indicated on Attachment 1A from the Lender Application for Deposit.

1. Provide description	on of proposed use of fur	nds. Check all that apply.								
Cash Rent	Cash Rent Irrigation systems		Purchase		e of livestock/breeding stock					
Construction/rend	Construction/renovation Labor			Qualified	Qualified agribusinesses					
Crop insurance Land acquisition (up to \$400,		(000) Refina		ce						
Farm equipment Medical/Veterinarian expense		es Sala								
Fertilizer Milling production		Seed Seed		eed, and fertilizer						
Grain processing		Plants		Transitioning cost and acquisition cost up to \$400,000						
Hoop houses		Processing production		Transportation cost						
Implement soil and water conservation practice Production-related energy a		nd labor expenses	Veterinarian cost							
					Other:					
				_						
2. Provide what type of farm production the funds will be used for. Check all that apply.										
Farm Business Conventional Farm Sustainable Farm Transitioning Farm to Organic Value Added Farm										
2. Duravida all that hast despuihe the houseway's form										
3. Provide all that best describe the borrower's farm.										
Ag trucking	Christmas trees	Fruits	Hogs/pigs Ostriches Store front			t				
Bees	Cover crop	Grapes/vineyard	Horseradish Poultry Tile business							
Buckwheat	Field crops (beans, cor		Nuts/berries	Sheep/g] Vegetables	;			
Cattle/calves	Fish	<u></u> Нетр	Oats	Sorghur	n	Other:				
4. Provide farm gross income. 5. Please indicate how many employees work on the farm:										
<pre>\$9,999</pre>			Descripti	on	# of	Female	Male			
\$10,000 to \$49,999	1				Employees	Percentage	Percentage			
\$50,000 to \$99,999		Employees who worked less than 150 days/year								
\$100,000 to \$249,9	99		Employees who works	ed more than						
\$250,000 to \$499,999		Employees unpaid (including family)								
\$500,000 to \$999,9	99		Employees unpaid (iii							
\$1,000,000 to \$1,99	99,999									
\$2,000,000 to \$2,99	99,999									
\$3,000,000 to \$4,99	99,999									
> \$5,000,000										