



The undersigned Patron of the Aurora Cooperative Elevator Company ("ACEC"), effective on the beginning of the fiscal year of the ACEC of the date below, consents the amount of any distributions with respect to patronage occurring after that date, which are made in written notices of allocation (as defined in 26 U.S.C. 1388) and which are received by Patron from ACEC, will be taken into account by Patron as their notices of allocation are received.

This Agreement shall be effective with respect to all patronage occurring during the taxable year of the ACEC in which this consent is received by the ACEC and, unless revoked under Section 1388 (c) (3) (B), for all subsequent taxable years.

Check only one of the following:

- Limited Liability Company
 Corporation
 Partnership
 Trust/Estate
 Other _____

Entity Information:

Entity Name: _____

Federal ID Number: _____ - _____

Entity Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Primary Contact Person: _____

Primary Contact Phone Number: _____

Certification:

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting to be issued to me), and
- 2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. or other U.S. person as defined in the IRS Form W9 instructions.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The Internal Revenue Services does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Representative Signature:

Printed Name: _____

Signature: _____

Date: _____



This section MUST be completed by ALL owners of a Corporation, Partnership, Trust/Estate, LLC's, or Other (Shareholders, Partners, Authorized Officers, Trustees, Personal Representatives, or Members)

Owner 1:

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____ % Owner: _____ %
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

Owner 2:

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____ % Owner: _____ %
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

Owner 3:

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____ % Owner: _____ %
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

Owner 4:

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____ % Owner: _____ %
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____