



## Strategic Investment Program Enrollment Form

I \_\_\_\_\_ (NAME OF PRODUCER) agree to participate in the Strategic Investment Program.

I agree that the Markets listed below ("Participating Markets") will deduct an amount ("Contribution") currently at **\$.10 per \$100 in value**, from any sales of swine to them. The contribution will be determined by the National Pork Producers Council (NPPC) Delegate Body. I will be notified in writing by NPPC of any changes to the Contribution at least 45 days prior to the change taking effect. The Participating Markets will transfer the Contribution to NPPC. NPPC may transfer part of the Contribution to the Member State Organization (based on the origin of the swine).

I understand that the Contribution will be used by NPPC and the Member State Organization to fund their public policy advocacy and regulatory affairs programs for the pork industry.

PLEASE COMPLETE FULLY AND PRINT LEGIBLY.

Name of Farm: \_\_\_\_\_

Name(s) Check is written to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone (If desired) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Names of Participating Packers/Markets: (mark all that you may market to)

<input type="checkbox"/> TYSON/IBP ID # _____	<input type="checkbox"/> HORMEL ID # _____
<input type="checkbox"/> JBS SWIFT ID # _____	<input type="checkbox"/> FARMLAND ID # _____
<input type="checkbox"/> CARGILL ID # _____	<input type="checkbox"/> PROD. LIVESTOCK (PLMA) ID # _____
<input type="checkbox"/> INDIANA PACK ID # _____	<input type="checkbox"/> JOHN MORRELL ID # _____
<input type="checkbox"/> MFA INC. ID # _____	<input type="checkbox"/> PREMIER PORK MARKETING ID # _____
<input type="checkbox"/> PREMIUM IA PORK ID# _____	<input type="checkbox"/> LYNCH LIVESTOCK ID# _____
<input type="checkbox"/> TRIUMPH ID # _____	<input type="checkbox"/> PREMIUM IA PORK ID # _____
<input type="checkbox"/> RANTOUL FOODS # _____	<input type="checkbox"/> OTHER ID # _____

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

**Return to your Member State Organization or NPPC, PO Box 10383, Des Moines, IA, 50306-9960**

(SEE REVERSE FOR ADDITIONAL TERMS)

## ADDITIONAL TERMS

1. **Over-withheld amounts.** I will be able to recover any amounts that are over-withheld in error. However, **I agree to hold harmless the Participating Markets, NPPC, and the Member State Association from any consequential or incidental damages.**
2. **Packers and Stockyards Act.** I agree to waive the statutory trust and prompt payment provisions of the Packers and Stockyards Act (7 U.S.C. § 228b) as to the Contribution only. I understand the remaining portion of the purchase price (after deduction of the Contribution) will remain subject to the statutory trust and “prompt payment” provisions of the Packers and stockyards act (7 U.S.C. § 228b).
3. **Revocation.** I may revoke my participation in the Strategic Investment Program at any time by giving written notice to NPPC or the Participating Markets. Notice shall be given to NPPC as follows:

National Pork Producers Council  
c/o Strategic Investment Program  
P.O. Box 10383  
Des Moines, IA 50306-9960

Such revocation will become effective when it has been processed by NPPC. Processing will take no more than 30 days after NPPC receives the written notice.

4. **Confidentiality.** Information relating to the Strategic Investment Program will be kept confidential and will be shared between NPPC and the Participating Markets for validation purposes only.
5. **Correspondence.** Complete and return this form to your Member State Organization or NPPC:

National Pork Producers Council  
c/o Strategic Investment Program  
P.O. Box 10383  
Des Moines, IA 50306-9960

*For Office Use Only*

NPOD: \_\_\_\_\_ TY: \_\_\_\_\_  
SCAN: \_\_\_\_\_ MKTS: \_\_\_\_\_  
STATE: \_\_\_\_\_

