RICELAND®
FAMILY FARMER OWNED

Riceland Foods, Inc.

Semi-Retiree Program Application

Account Number: _____

Account Name: _____

Address: _____

City/State: _____

Zip Code: _____

Tax ID/Social Security No.: _____

I hereby request enrollment in Riceland's equity redemption program for Semi-Retired farmer members ("Semi-Retiree Program). The Riceland Foods, Inc. cooperative is referred to herein as "Riceland."

I acknowledge and agree that farmer members who are actively engaged in farming crops and who transition to being a crop share landlord may be allowed to participate in the Semi-Retiree Program pursuant to the parameters and criteria set by the Riceland Board of Directors from time to time and pursuant to availability of funds.

I further acknowledge and agree that as of the signing of this Application those criteria include the following:

a. Be a member of Riceland in good standing;

b. Have invested equity capital in Riceland, which capital account may not be in default, delinquent, or otherwise deficient as determined by the Board in its discretion;

c. Be transitioning from actively farming crops delivered to Riceland to being a crop share landlord whose share of crops is delivered to Riceland; and

d. Provide FSA Form 578s to evidence the transition from being a farmer to becoming a crop share landlord.

I acknowledge and agree that under the Semi-Retiree Program, if I am

qualified, I may obtain a Total Semi-Retiree Redemption of up to 66.6666% of my Eligible Equity Account Balance. Eligible Equity Account Balance shall mean for the Semi-Retiree Program the sum in U.S. dollars of (1) all Base Capital Credits due to my member account that were issued prior to August 1, 2025, which remain outstanding, and (2) all issued and outstanding Riceland Class A stock obligations owed to my member account, as noted on Riceland's books on the day this form is executed.

I acknowledge and agree that if I qualify for the Semi-Retiree Program, Riceland shall divide the Total Semi-Retiree Redemption by five and pay me one-fifth of the said amount each year for the next five years, until paid in full.

I acknowledge and agree that any amount remaining in my equity capital account after the Total Semi-Retiree Redemption is paid shall be governed by the rights, terms, and conditions set for that equity by the Riceland Board of Directors under the Riceland Bylaws.

I further acknowledge and agree that this Semi-Retiree Program does not create any right of redemption to or acceleration of any rights, title, or interest which I may have related to per unit retains collected, and related Base Capital Credits issued, after July 31, 2025, which shall collectively be governed by the Riceland Restated Base Capital Plan.

By signing below, I certify that I am no longer engaged in active farming and will only deliver commodities to Riceland reflecting my share of crop rent and that I meet all the criteria listed above and any additional criteria that may be required by the Riceland Board of Directors.

By signing below, I further certify that the FSA Form 578's I am providing to Riceland along with this form are true and correct copies of said forms evidencing my transition from an active farmer to a crop share landlord.

By signing below, I grant Riceland permission to verify my Semi-Retiree status with the USDA Farm Service Agency (FSA) during all years of my participation in the Semi-Retiree Program and further grant Riceland the right to speak with the FSA regarding my Form 578's and any information that may be contained therein.

_____ _____

Member's Signature Date

_____ _____

Riceland Foods, Inc. Signature Date