

**Transfer Instruction Letter**

Siouxland Ethanol, L.L.C.  
1501 Knox Boulevard  
Jackson, NE 68743

**ATTN:** Corporate Secretary

**RE:** Transfer of Units of Siouxland Ethanol, L.L.C.

Dear Sir or Madam:

The undersigned parties hereby request the transfer of certain Units of Ethanol, L.L.C. (the "Company"), held by the undersigned Transferor. The following information is provided in connection with the proposed transfer:

- 1. **Number of Units Proposed for Transfer:** \_\_\_\_\_
- 2. **Proposed Purchase Price/Units:** \_\_\_\_\_
- 3. **Transferee Information:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

- 4. **Transferee's form of ownership** (check the appropriate box (only one) to indicate the form of ownership; if the Transferee is a Custodian, Corporation, Partnership or Trust, please provide the additional information requested):

\_\_\_\_\_ Individual

\_\_\_\_\_ Joint Tenants with Right of Survivorship (Both signatures must appear at the end of this letter)

\_\_\_\_\_ Corporation or Partnership (Corporate Resolutions or Partnership Agreement must be enclosed)

\_\_\_\_\_ IRA

\_\_\_\_\_ KEOGH

\_\_\_\_\_ Pension or Profit Sharing Plan

\_\_\_\_\_ Trust (Signature and title pages of Trust Agreement and all amendments must be enclosed)

Trustee's Name: \_\_\_\_\_

Trust Date: \_\_\_\_\_

\_\_\_\_\_ Other: Provider detailed information below:

\_\_\_\_\_  
\_\_\_\_\_

5. **Transferee's Taxpayer Information.** Check the appropriate box if you are a non-resident alien, a U.S. citizen residing outside the United States or subject to back up withholding. KEOGHS should provide the taxpayer identification number of the account and the social security number of the account holder. Trusts should provide their taxpayer identification number. Custodians should provide the minor's social security number. All individual transferees and IRA transferees should provide their social security number. Other entities should provide their taxpayer identification number.

Check box if you are a non-resident alien  
 Check box if you are a U.S. citizen residing outside of the United States  
 Check this box if you are subject to backup withholding

Transferee's Social Security No. \_\_\_\_\_

Joint Transferee's Social Security No. \_\_\_\_\_

Taxpayer Identification No. \_\_\_\_\_

6. **Is the Transferee an Affiliate or Related Party or Transferor?** If so, please indicate the Relationship: \_\_\_\_\_

7. **Is the Transfer being made without consideration, or to a trust for, the Transferor's descendants or spouse?**  Yes  No

8. **Transferee's Representations and Warranties.** By signing below, Transferee represents and warrants to the Company that he, she, or it:

- a. understands that there is no active trading market for the Units, that the Units will not trade on an exchange or automatic quotation system, that no such market is expected to develop in the future and that there are significant restrictions on the transferability of the Units;
- b. has received a copy of the Company's Third Amended and Restated Operating Agreement, dated January 6, 2015, and understands that the Transferee and the Units will be bound by the provisions of such Operating Agreement which contains, among other things provisions that restrict the transfer of Units; and
- c. understands that if the Units or any part thereof are sold or distributed in the future, the Transferee shall sell or distribute them pursuant to the terms of the Operating Agreement and the requirements of applicable federal and state securities laws.

9. **Supporting Documents.** Enclosed in connection with the proposed transfer are the following required items (please check all applicable items):

Legal evidence of transfer (for involuntary transfers)  
 Additional Member Signature Page executed by the Transferee

To effectuate the proposed transfer each of the undersigned agrees to provide such additional information and to take such additional actions as may be requested by the Company or its counsel, **including reimbursement of costs incurred by the Company to effectuate the transfer.**

Each of the undersigned hereby represents and warrants that all of the foregoing information is true, correct and complete and that each of the Company and its counsel is entitled to rely on such information in executing the proposed transfer of Units as requested in this Instruction Letter.

Transferor:

Transferee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Joint Name

\_\_\_\_\_  
Joint Name

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_