FINANCIAL
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CONSULTANTS, Inc.

Providing The Building Blocks For Your Financial Future

MEMBER NASD

August 25, 2010

Robin Price
South Central Pension Rights Project
4232 Forest Park Avenue
St. Louis, MO 63108

Dear Robin:

On behalf of [redacted], I am returning the completed forms you sent to her.

I read of your services from the recent Wall Street Journal article and alerted Mrs. [redacted].

Basically she strongly believes that her deceased husband, [redacted], could not have selected a single life pension.

Through letters and telephone calls, her inquiries have been completely ignored by Monsanto.

I am enclosing various documents from her files for your information.

She can be reached by phone at [redacted]. If you have questions that I might answer, feel free to call me but I understand the sensitivity of the information and the protection of privacy.

Sincerely,

J. Boyd Atteberry
President

14500 South Outer 40 Road ■ Lakeview Center, Suite 201 ■ Chesterfield, MO 63017
314-878-7700 ■ Fax 314-878-0640 ■ Toll Free 800-878-7717
www.fpcinvest.com

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AUG 26

SOUTH CENTRAL PENSION RIGHTS PROJECT

4232 Forest Park Ave.
St. Louis, MO 63021
Toll free: 1-800-443-2528
FAX: 512-477-6576
Email: rprice@tlsc.org
www.southcentralpension.org

HELPING INDIVIDUALS UNDERSTAND AND EXERCISE THEIR PENSION RIGHTS

AUTHORIZATON FOR RELEASE OF INFORMATION AND APPOINTMENT OF REPRESENTATIVE

I, [redacted], hereby appoint the **SOUTH CENTRAL PENSION RIGHTS PROJECT** (SCPRP), to represent me in my claim for pension or retirement benefits and authorize SCPRP to ask questions and receive answers specific to me, seek records and documents pertaining to me, and to receive copies of records pertaining to me. My representative shall retain the original of this authorization. Upon my representative presenting a copy of this authorization in person, by fax, or by mail, those having information are requested and authorized to release to SCPRP all information and documents requested. Any claim or request made by SCPRP will be on my behalf and be treated as if made personally by me.

This authorization has no expiration date.

Printed name of Client: [redacted]

Signature of Client: [redacted]

SUBSCRIBED AND SWORN TO BEFORE ME on 8/25/2010 [date].

[Seal]

Signature of Notary Public: J Boyd Attebery

Name of Notary Public: J. T Boyd ATTEBERRY

Notary Public in and for the State of MO

My commission expires _____ [date]

SCPRP is a program of Texas Legal Services Center, in cooperation with Legal Services of Eastern Missouri.
SCPRP is funded, in part, by a grant from the U.S. Administration on Aging.

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HELPING INDIVIDUALS UNDERSTAND AND EXERCISE THEIR PENSION RIGHTS

CLIENT DATA FORM

Please use the back of this form or attach additional pages if necessary. All information obtained by SCPRP will remain confidential and will only be used in our efforts to resolve your pension case.

A. GENERAL INFORMATION

Your Name [redacted]

Other names used _____

Your Social Security Number [redacted]

Date of Birth [redacted]/1930 (services are provided regardless of age)

Ethnicity: White X Hispanic _____
Black _____ Asian _____
Native American _____ Other _____

Marital Status W

How many in household? 1

Monthly income $2000 ea (services are provided regardless of income)

How did you hear about the South Central Pension Rights Project?

from Boyd Attebery

Have you ever had an attorney look into this matter? Yes_____ No ✓
(Please send copies of correspondence)

Did you call or write the company about benefits? Yes ✓ No_____
(Please send copies of correspondence)

Do you have any pension booklets? Yes ✓ No_____
(Please send copies)

SCPRP is a program of Texas Legal Services Center, in cooperation with Legal Services of Eastern Missouri.
SCPRP is funded, in part, by a grant from the U.S. Administration on Aging.

B. YOUR RETIREMENT BENEFITS:

Company Name MONSANTO Telephone _____

Address

_____

_____

Dates Worked 1951 - 1985 Union No

Job Title, Description Asst - purchasing Agent

(Please send copies of proof of employment: pay stubs, W-2's, union book, etc., if available)

If you need assistance in locating a lost pension, please provide your work history on additional pages. Please include the name and address (if known) of each employer and the approximate dates that you worked there. If you were a member of a union, please provide the union name, local number, and address (if known).

C. IF YOUR DECEASED SPOUSE WAS THE PENSION PLAN PARTICIPANT (SURVIVOR BENEFITS)

Name of Deceased Spouse [redacted]

_____

Spouse's Social Security Number [redacted] Spouse's Date of Birth [redacted]

Date of Marriage 11/18/54 Date of Death Apr 2010

Company Name MONSANTO Telephone _____

Address _____

_____

Dates worked _____ Union _____

Job Title, Description _____

(Please send copies of proof of employment: pay stubs, W-2's, union book, etc., if available)

D. IF YOUR PENSION MATTER PERTAINS TO BENEFITS IN A DIVORCE

Your ex-spouse's name _____

Your ex-spouse's social security number_____

Your ex-spouse's date of birth _____

Your ex-spouse's date of death (if applicable)

_____

Date of your marriage _____ Date of your divorce_____

Place of your divorce (city and state)

_____

Ex Spouse's current address and phone (if known)

_____

_____

Were you represented by an attorney in the divorce? If so, please provide the attorney's name and contact
information_____

_____

_____

Please provide a copy of your divorce decree and any qualified domestic relations orders that have been entered in the court that granted your divorce. On the back of this sheet, please list your ex-spouse's employer(s), their addresses, and the contact information for any pension or retirement plans in which your ex-spouse is or was a participant.

Please return your completed form, along with any relevant documents or information to:

South Central Pension Rights Project
4232 Forest Park Ave.
St. Louis, MO 63108

Benefit Service Center
Monsanto Benefits
100 Crosby Parkway
Mail Zone, KY CIF
Covington, KY 41015

RE: [redacted]
Case #W[redacted]-27APR10

Gentlemen:

I am writing to challenge your findings that I am not entitled to a Joint & Survivor Annuity Benefit from [redacted] pension.

From his early days at Monsanto up to his actual retirement, his on-going comment was, "You will get half of my pension when I am gone."

I am enclosing a page from a financial planning document that was written December 10, 1985. It references that life insurance proceeds of $54,000 should provide almost the income lost due to the pension reduction.

In order to believe your findings, I request a copy of the documents [redacted] would have signed authorizing a single life payout versus a joint & survivor payout.

Your prompt response is appreciated.

X [redacted] Date 5-24-2010
[redacted] Beneficiary

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Benefit Service Center
Monsanto Benefits
100 Crosby Parkway
Mail Zone, KY CIF
Covington, KY 41015

RE: [redacted]
Case #W[redacted]-27APR10

Gentlemen:

This is a follow-up letter to my original letter mailed in late May. As you understand, this mater is very disturbing to me.

A courtesy of a reply would be expected.

Sincerely,

X [redacted] Date 6-16-10
Beneficiary

The home is valued at $100,000 with a $14,000 mortgage at 6%. There is no other debt so current assets equal net worth. A couple of major expenses on the home are anticipated in the next couple of years. A new roof and a new furnace are expected, so some liquidity must be maintained and a larger than normal cash position should be planned. Monsanto's medical benefits will provide adequate protection to age 65 when Medicare begins. Some additional medical should be obtained at that time as Monsanto's benefits drop to $25,000 maximum total.

Present life insurance policies are:

$29,000	Monsanto
10,000	Metropolitan
15,000	Prudential
$54,000	Total

This $54,000 on [redacted] will provide almost the income lost in the pension reduction to 50% on his death if it is invested at today's prudent maximum of 15%. We should look at the Metro and Prudential policies to see how much paid up insurance could be provided and reduce premiums as much as possible.

OTHER BENEFITS AFTER RETIREMENT

Retiree Medical Plan (10 years' Benefit Service required)—**Before** 65, full active-employee coverage continues for you and your spouse until you each become eligible for Medicare. Then **at** 65 — or for those who retire at age 65 — you and your spouse will each have $25,000 of Plan coverage to supplement Medicare. Coverage for your dependent children also continues as long as they qualify as "dependent" or until your death. Monsanto pays the full cost of Retiree Medical Plan benefits.

SIP/MIRA/PAYSOP account values/shares are payable in full when you retire. Estimated future values of SIP and MIRA accounts are shown in the sections below.

Group Life Insurance—Based on your coverage as of 12/31/84, here's how much insurance Monsanto will continue for you

—after retirement at age { 65 (06/01/87)..... $27,500
62 (01/01/85)..... $27,500

You can convert all or part of the difference between active-employee and retiree life insurance to permanent insurance.

Optional Life Insurance—Term Insurance: Coverage for you and/or your dependents can be converted to permanent insurance. **Permanent Insurance**: Policies continue in effect if you make payments directly to Metropolitan Life Insurance Company.

SAVINGS AND INVESTMENT PLAN

While accurate predictions are impossible, here are some **estimates** of what your SIP account could be worth in the years ahead. Starting with your 12/31/84 total Plan account balance of **$57,708** these estimates are based on the annual investment rate of growth illustrated below, and on the following assumptions:

- your 12/31/84 base pay remains the same
- your rate of savings at 1/1/85 (**0.5** % of base pay to Regular SIP and **9.5** % to RIDA) continues
- the Plan remains unchanged, including the Company's 60% match, and
- you make no withdrawals and redeem no Savings Bonds.

Estimated Value of Your SIP Plan Account . . . —if compounded annual growth for all Funds (including Savings Bonds) averages:

	6%	8%	10%
- AT NORMAL RETIREMENT (06/01/87).....	$82,200	$85,500	$88,900
- AT "COMBO 80" RETIREMENT (01/01/85).....	$57,708	$57,708	$57,708

MIRA (Monsanto Individual Retirement Account)

Here are **estimates** of the potential value of your MIRA account. Starting with your 12/31/84 MIRA balance of **---** these estimates are based on annual investment rates as shown, and assume:

- your contributions in the future equal **$1,000*** per year, and
- you make no withdrawals.

Estimated Value of Your MIRA Plan Account
—if compounded annual growth for all Funds averages:

	6%	8%	10%
- AT AGE 65 (06/87)..	$2,100	$2,100	$2,100

*FOR ILLUSTRATIVE PURPOSES ONLY. YOU DID NOT CONTRIBUTE TO MIRA IN 1984.

TOTAL COMPENSATION

$44,841 **Direct Compensation** was your Total Direct Compensation during 1984. This was made up of **$43,999** Base Salary —including **$3,556** before-tax RIDA contributions, **$5,076** for **6** weeks' earned vacation and **$1,861** for **11** paid holidays—plus other items of compensation listed at the right.

$13,333 **Indirect Compensation** was Monsanto's estimated cost during 1984 to provide the benefits shown for you in this report—including the Company's share of Social Security taxes.

$58,174 **YOUR TOTAL COMPENSATION FOR 1984**

Other items of direct compensation during 1984:
$842 VALUE OF GROUP LIFE INSURANCE IN EXCESS OF $50,000

During 1984, you and your covered dependents received a total of
$39 from the Monsanto **Medical Benefits Plan,** and
$513 from the Monsanto **Dental Assistance Plan.**

Prepared as of ..... JANUARY 1, 1985 ..... for

[redacted] LOC. 0021 CS1C S6 1000

based on your birth date of..... MAY 1922
your date of employment..... DECEMBER 1951
and your base salary rate as of 12/31/84 of..... $3,666 A MONTH
$43,999 A YEAR

DISABILITY

Disability Income Plan—As of 1/1/85 you were eligible to receive benefits FOR UP TO AGE 65.

While you are totally and TEMPORARILY disabled, you receive your regular salary of $3,666 a month for up to six months. Any benefits payable during the next 24 months will range from 90% to 70% of pay.
If your disability has been determined to be total and PERMANENT, you will receive at least N/A a month after the first 30 months of disability and while you remain so disabled, up to age 65. Pension Plan income of $1,628 a month starts at age 65.
During the first 30 months your benefits include both Primary and Family Social Security; after 30 months benefits include only Primary Social Security, so Family Social Security of an estimated N/A a month would then be in addition (assuming an eligible spouse with one child).

OTHER BENEFITS WHILE YOU ARE DISABLED

While receiving **temporary** disability income, all Monsanto benefit coverages continue in accordance with the various Plan provisions.

While receiving **total and permanent** disability income, you are eligible for the following benefits.

SIP/MIRA/PAYSOP account values/shares will be paid in full.
Medical Benefits Plan coverage for you and your spouse continues. Coverage for other eligible dependents may continue for up to five years (or until you are age 65 if total and permanent disability starts after 55). Monsanto pays the full cost of this continuing protection.

Group Life Insurance coverage of $110,000 continues up to age 65—with $27,500 continuing from age 65.
Pension Plan credits continue to accrue to age 60 if you had 2½ years of Benefit Service on your last day of active work.
Optional Life Insurance—Term Insurance coverage can continue for 12 months if you contribute; then, you can convert to permanent insurance. If you carry Permanent Insurance, premiums for that coverage are waived after a 6-month waiting period if you become totally disabled before age 60. However, you must continue to pay for any dependents' policies.

SURVIVOR BENEFITS

If you had died 1/1/85, your survivors would have received:

$110,000 **Group Life Insurance** at death from any cause.
$44,000 **Accidental Death Insurance** if death was caused by an accident.
$66,000 **Business Travel Accident Insurance** if death was caused by an accident while on business travel.
$57,708 **Savings and Investment Plan** account value as of 12/31/84.
N/A **MIRA** account value as of 12/31/84.
$731 **Pension Plan** monthly income for your eligible spouse for life—assuming you were both the same age. See the other side of this report for eligibility rules.
N/A **Optional Term Life Insurance** at death from any cause, reflecting insurance in force as of 1/1/85.
43.330 **PAYSOP** account shares as of 12/31/84.
Optional Permanent Life Insurance would also be payable, plus any related Accidental Death Benefits.
Medical Benefits for eligible dependents would continue free and in full for two months following your death.

Social Security—Estimated survivor benefits:

$1,280 a month to your eligible surviving spouse with two or more dependent children, and/or
$520 a month for life to your eligible surviving spouse starting at spouse's age 60, or
$730 a month for life to your eligible surviving spouse if payments begin at spouse's age 65.

RETIREMENT

Your Estimated Monthly Income on **Single Life Annuity Basis**

Starting:	AGE 65 (06/87)	AGE 62 - (01/85) UNDER COMBO 80 TO AGE 62:	AFTER 62:
Monsanto Pension	$1,817	N/A	$1,628
Your Social Security	$750	$0	$615
Total	$2,567	N/A	$2,243
Spouse's Soc. Sec.	$375	$0	$285

The amounts shown in both of the tables above assume that your salary rate as of 12/31/84 remains unchanged to retirement and that you have a spouse the same age as you. Monsanto pensions payable before age 62 include the Special Early Retirement Supplement.

Your Estimated Monthly Income on **50% Joint & Survivor Annuity Basis**

Starting:	AGE 65 (06/87)	AGE 62 - (01/85) UNDER COMBO 80 TO AGE 62:	AFTER 62:
Monsanto Pension	$1,615	N/A	$1,463
Your Social Security	$750	$0	$615
Total	$2,365	N/A	$2,078
Spouse's Soc. Sec.	$375	$0	$285

Under the 50% Joint & Survivor Annuity, income for your spouse (if any) after your death would equal half of your Monsanto pension (not counting the Early Retirement Supplement). Social Security is payable to your surviving spouse as early as age 60.

More information about how your retirement benefits have been calculated appears on the back of this report.

Vested Pension Rights—As of 1/1/85, the estimated Monsanto pension (Single Life Annuity basis) accrued for you was approximately $1,628 a month, payable AT AGE 65. YOU ARE FULLY VESTED.

Important Telephone Numbers

Monsanto Benefits Center	1-800-338-3308
Metropolitan Life Insurance Company	1-800-638-6420
Louis Miola	1-877-208-0807 Ext. 6988

MONSANTO
DEFINED BENEFIT REPAYMENT FORM

Please return this form with your repayment and complete sections 3 and 4 below. If you will be sending more than one payment, please copy the form and send a copy with each payment.

1. Repayment on behalf of: [redacted]

2. File Number: W0[redacted]-27APR10

3. Contact Name: [redacted]

4. Contact Phone Number: [redacted]

Please make a copy of this form for your files and return the original in the enclosed return envelope or mail to:

Monsanto Benefits Center
PO Box 770003
Cincinnati, OH 45277-0070

9-1 daily monthly check
37
$ 1582 NET

Gary Participe
800 443 2528

free drink

- **Monsanto Company Pension Plan**

As a result of the form of pension payment chosen by [redacted] at the time benefit payments began, no further benefit payments will be made from either the qualified or non-qualified pension plans of Monsanto Company.

☐ CORRECTED (if checked)

PAYER'S Federal identification number	RECIPIENT'S identification number	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
04-3275867	[redacted]	$19,240.80	2009	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO 397 WILLIAMS STREET MC1W MARLBOROUGH, MA 01752 DB716917-001 1-800-338-3308 MONSANTO COMPANY		2a Taxable amount $19,240.80	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
		3 Capital gain (included in box 2a) $0.00	4 Federal income tax withheld $563.20	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ENV#0219405 [redacted]		5 Employee contrib/desig Roth contrib or insurance premiums $0.00	6 Net unrealized appreciation in employer's securities $0.00	
		7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other % $0.00	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions $	
		10 State tax withheld $0.00	11 State/Payer's state no. MO [redacted]	12 State distribution $
Account number (see instructions) 20100109055500387526	1st year of desig. Roth contrib.	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form 1099-R — Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S Federal identification number	RECIPIENT'S identification number	1 Gross distribution	OMB No. 1545-0119	Distributio[redacted] Pensions, An Retire Profit-Sharin IRAs, In Contra
04-3275867	[redacted]	$19,240.80	2009	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO 397 WILLIAMS STREET MC1W MARLBOROUGH, MA 01752 DB716917-001 1-800-338-3308 MONSANTO COMPANY		2a Taxable amount $19,240.80	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
		3 Capital gain (included in box 2a) $0.00	4 Federal income tax withheld $563.20	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code [redacted]		5 Employee contrib/desig Roth contrib or insurance premiums $0.00	6 Net unrealized appreciation in employer's securities $0.00	
		7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other % $0.00	
		9a Your percentage of total distribution %	9b Total employee contributions $	
		10 State tax withheld $0.00	11 State/Payer's state no. MO [redacted]	12 State distribution $
Account number (see instructions) 20100109055500387526	1st year of desig. Roth contrib.	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form 1099-R (keep for your records) — Department of Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S Federal identification number	RECIPIENT'S identification number	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
04-3275867	[redacted]	$19,240.80	2009	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO 397 WILLIAMS STREET MC1W MARLBOROUGH, MA 01752 DB716917-001 1-800-338-3308 MONSANTO COMPANY		2a Taxable amount $19,240.80	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 2 File this copy with your state, city, or local income tax return, when required.
		3 Capital gain (included in box 2a) $0.00	4 Federal income tax withheld $563.20	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code [redacted]		5 Employee contrib/desig Roth contrib or insurance premiums $0.00	6 Net unrealized appreciation in employer's securities $0.00	
		7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other % $0.00	
		9a Your percentage of total distribution %	9b Total employee contributions $	
		10 State tax withheld $0.00	11 State/Payer's state no. MO [redacted]	12 State distribution $
Account number (see instructions) 20100109055500387526	1st year of desig. Roth contrib.	13 Local tax withheld $	14 Name of locality	15 Local distribution $

Form 1099-R — Department of Treasury - Internal Revenue Service

Dec 2009
check STUB

MONSANTO COMPANY

Payment Type: [redacted] Installment
Advice Number: [redacted] 0005021308
Advice Date: [redacted] December 1, 2009

[redacted]

Questions? Please call 1-800-338-3308

Funding Breakdown

PENSION PLAN [redacted] $1,603.40

Description	Current	Year to Date
GROSS PAYMENT	[redacted]	[redacted]
FED TAX	[redacted]	[redacted]

Description	Current	Year to Date
TAXABLE	$1,603.40	$19,240.80
NET PAYMENT	$1,520.21	$18,677.60

2009 Annual Notice of Right to Elect or Revoke Federal Tax Withholding
As a participant receiving benefits, federal income tax may apply to your retirement payments. To determine the taxable portion of the total annual benefit payment that you receive that may be subject to federal income tax withholding, please see the IRS federal tax table or consult with your tax advisor.

You May Change Your Election at Any Time
Please remember you may choose at any time whether or not to have federal taxes withheld from your payments in accordance with federal tax law. Please note, however, that if you elect to have no federal taxes withheld from your pension or monthly payments, or if you do not have enough federal taxes withheld from your payments, you may be responsible for paying estimated taxes, and you may also incur penalties under the estimated tax rules. For more information, contact a tax advisor.

If You Do Not Want to Change Your Current Federal Tax Withholding Election:
If you do not want to change your current federal tax withholding, you do not have to do anything.

If You Want to Change Your Current Federal Tax Withholding Election:
You may change your federal tax withholding election any time by calling the benefits center and requesting the change through a customer service associate. This notice applies only to withholding for the qualified plan payments it accompanies. If you receive other payments, separate rules may apply. If you have questions, please call your benefits service center at the number printed on your check or payment confirmation, any business day (excluding New York Stock Exchange holidays), to speak to a service representative, or visit us online at netbenefits.fidelity.com.

DIRECT DEPOSIT CONFIRMATION