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**CCC-959**  
(06-10-05)

**U.S. DEPARTMENT OF AGRICULTURE**  
Commodity Credit Corporation

### TOBACCO TRANSITION PAYMENT PROGRAM ASSIGNMENT OF PAYMENT

See Page 2 for Privacy Act and Public Burden Statements.

#### PART A - GENERAL INFORMATION

1. TOBACCO (Check only one): <input type="checkbox"/> Quota Holder <input type="checkbox"/> Quota Producer		2. COUNTY AND STATE	
3. ASSIGNOR'S NAME AND ADDRESS (Including Zip Code)		5. ASSIGNEE'S NAME AND ADDRESS (Including Zip Code)	
TELEPHONE NUMBER (Including Area Code):		TELEPHONE NUMBER (Including Area Code):	
4. ASSIGNOR'S TAX IDENTIFICATION NUMBER		6. ASSIGNEE'S TAX IDENTIFICATION NUMBER	

#### PART B - TOBACCO TRANSITION PAYMENT PROGRAM

7. Contract No.	8. Payment Year	9. Assigned Amount for Each Applicable Year					
		From:	Year	Year	Year	Year	Year
		Amount	Amount	Amount	Amount	Amount	Amount
To:	Year	Year	Year	Year	Year	Year	
		Amount	Amount	Amount	Amount	Amount	

#### PART C - REPRESENTATION OF ASSIGNOR AND ASSIGNEE

In order to assign a payment in accordance with the Tobacco Transition Payment Program, this form must be completed by both the assignor and the assignee. By signing this form, the assignee agrees to provide consideration in a lump sum, or over time as agreed to by the parties, in an amount equal to or greater than the discounted value of the payments based on the discount rate established by CCC. The discount rate established by CCC will be determined by adding 200 basis points to the prime lending rate, as determined by CCC. If this sum is a fraction of a number, CCC will round the discount rate to the nearest whole number. Rounding of a half percent will be to the next higher whole number.

The assignee agrees to repay promptly to the Federal Government any amount by which the assigned payment exceeds the amount secured by the assignment. The assignor and the assignee agree that they will promptly notify the county FSA office of any change affecting this assignment. This assignment may be revoked at any time by written request signed by the assignee.

10A. ASSIGNOR'S SIGNATURE	10B. DATE (MM-DD-YYYY)
11A. ASSIGNEE'S SIGNATURE	11B. DATE (MM-DD-YYYY)

#### PART D- REVOCATION OF ASSIGNMENT

Assignment of payment authorization above is hereby revoked.

12A. ASSIGNEE'S SIGNATURE	12B. DATE (MM-DD-YYYY)
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<b>FOR COUNTY OFFICE USE ONLY</b>	13. DATE FILED (MM-DD-YYYY)	14. TIME FILED

CCC       ASSIGNEE       ASSIGNOR

### PROVISIONS RELATING TO ASSIGNMENTS

- A. The original of this assignment, properly executed, must be filed in the FSA office in the county where the farm or operation subject to this assignment is administratively located with respect to the Tobacco Transition Payment Program (TTPP).
- B. If the assignor assigns a specified value of payments to more than one assignee; assignments will be honored in chronological sequence based on the order of filing with the county FSA office.
- C. The payment due the assignor will be applied first against indebtedness owing by the assignor to the United States, including debts arising after the execution of a Form CCC-959, which may be offset in accordance with the regulations governing, 7 CFR Parts 3, 1403, and 1951, and any balance will be subject to assignment.
- D. Neither the United States of America, the Commodity Credit Corporation, the Secretary of Agriculture, any disbursing officer, nor any other Government employee or official shall be subject to any suit or liable for payment of any amount if payment is inadvertently made to the assignor without regard to this assignment.
- E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.

**NOTE:** *The authority for collecting the following information is Pub. L. 108-357 (excluded from Paperwork Reduction Act by Section 642 of the law). This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

*The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 108-357 (The Fair and Equitable Tobacco Reform Act of 2004.) The information will be used to determine eligibility for program payments. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA COUNTY OFFICE OR USDA SERVICE CENTER.***

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.*