

EXHIBIT 1. D

FORM OF RELEASE
Release of Claims

Name:	
Date of Birth:	
Social Security No.:	
Address:	
Phone:	
Email:	

I, the individual identified above (“Releasing Party”), in order to obtain and in consideration for the benefits provided to me pursuant to the Class Action Settlement Agreement dated [DATE] (the “Settlement Agreement”), agree and represent as follows:

1. I am aware of and have reviewed the Settlement Agreement, and understand that all defined terms in this Release of Claims have the meanings defined therein.
2. I hereby represent that any and all actions or proceedings involving Roundup Claims, including Roundup Lawsuits and/or Related Party Lawsuits, that I had pending in any court, tribunal or other forum against the Monsanto Parties or the Related Parties have been dismissed as of the date of the execution of this Release of Claims.
3. I understand that I am bound by the Releases and Covenant Not to Sue set forth in Section 3.1 of the Settlement Agreement, as of the date of the execution of this Release of Claims or as of Effective Date, whichever is earlier. I understand that I am bound by the Settlement Agreement as a whole and the Final Order and Judgment. I agree not to collaterally attack the Settlement Agreement or assist others in doing so.
4. In connection with the Releases provided for in the Settlement Agreement, I expressly waive, release, and forever discharge any and all provisions, rights, and benefits conferred upon me by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

I may hereafter discover facts other than or different from those which I know, believe, or assume to be true with respect to the Released Claims, but I hereby expressly waive and fully, finally, and forever settle, release and discharge, upon the date of the execution of this Release of Claims or as of Effective Date, whichever is earlier, any and all Released Claims that may exist as of such date but which I do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect my decision to participate in the Settlement Agreement.

5. Nothing herein is intended to modify in any way the terms of the Settlement Agreement, to which I hereby agree. To the extent this Release of Claims is interpreted differently from the Settlement Agreement in any respect, the Settlement Agreement controls.
6. I submit to the jurisdiction of the 22nd Judicial Circuit Court, City of St. Louis, Missouri for the purposes of resolving any and all disputes related to the Settlement Agreement, this Release of Claims, and/or any Roundup Claims, and agree that I am bound by, to the extent provided, the dispute resolution procedures described in the Settlement Agreement. I further understand and agree that the Monsanto Parties and Related Parties have the right to enforce the Settlement Agreement as provided therein.
7. In consideration of the Award made to me under the Settlement Agreement, I understand and agree that I am bound by the Releases provided in Section 3.1 of the Settlement Agreement, even if the Settlement Agreement itself is later terminated, fails to receive final court approval, or fails to become effective for any reason.
8. If any term, provision, promise, or condition of this Release of Claims is determined to be illegal, invalid, void, or unenforceable, in whole or in part, under any present or future law, the remainder of this Release of Claims shall remain in full force and effect and shall in no way be affected, impaired, or invalidated to the maximum extent permitted by law.
9. This Release of Claims is given on behalf of myself and, if applicable, any Derivative Claimants affiliated with me.

IN WITNESS WHEREOF, I have executed this Release of Claims effective as of the date set forth under my name below:

SIGNATURE BY RELEASING PARTY[‡]	
Signature of Releasing Party:	
Printed Name:	
Date of Signature:	<div style="text-align: center;"> _____/_____/_____ (month) (day) (year) </div>

[‡] **INSTRUCTION:** The Release of Claims must be executed with the Personal Signature of the Releasing Party. If executed on behalf of a Releasing Party by a legal representative (*e.g.*, legal guardian), evidence of such authority must be attached and submitted with the Release of Claims executed with the Personal Signature of the legal representative.

NOTARIZATION		
BEFORE ME, the undersigned authority, the Person known to be the Releasing Party named above personally appeared on the Signature Date shown and acknowledged under oath to my satisfaction that he/she has signed, sealed and delivered this document as his or her act and deed for the purposes therein expressed and in the capacity therein expressed.		
Signature of Notary:		
Notary Public in and for the State or Jurisdiction of:		
Date Notary Commission Expires:	_____ / _____ / _____ (month) (day) (year)	_____ Notary: Check here if your Notary Commission has no expiration date under the law of your jurisdiction.
Place Notary Seal or Stamp in this Space, or Notary Number:		
	_____ Notary: Check here if your jurisdiction does not require a seal or stamp.	

To be notarized in accordance with the applicable laws or rules governing notarization in the state in which the Releasing Party executes this Release of Claims.

SIGNATURE BY DERIVATIVE CLAIMANT (if applicable)[§]	
Signature of Derivative Claimant:	
Printed Name:	
Social Security No.:	
Date of Birth:	
Relationship to Claimant:	
Date of Signature:	<div style="text-align: center;"> _____ / _____ / _____ (month) (day) (year) </div>

[§] INSTRUCTION: The Release of Claims must be executed with the Personal Signature of the Releasing Party. If executed on behalf of a Releasing Party by a legal representative (*e.g.*, legal guardian), evidence of such authority must be attached and submitted with the Release of Claims executed with the Personal Signature of the legal representative.

NOTARIZATION		
BEFORE ME, the undersigned authority, the Person known to be the Derivative Claimant named above personally appeared on the Signature Date shown and acknowledged under oath to my satisfaction that he/she has signed, sealed and delivered this document as his or her act and deed for the purposes therein expressed and in the capacity therein expressed.		
Signature of Notary:		
Notary Public in and for the State or Jurisdiction of:		
Date Notary Commission Expires:	_____ / _____ / _____ (month) (day) (year)	_____ Notary: Check here if your Notary Commission has no expiration date under the law of your jurisdiction.
Place Notary Seal or Stamp in this Space, or Notary Number:		
	_____ Notary: Check here if your jurisdiction does not require a seal or stamp.	

To be notarized in accordance with the applicable laws or rules governing notarization in the state in which the Derivative Claimant executes this Release of Claims.

CERTIFICATION OF COUNSEL
(COUNSEL FOR RELEASING PARTIES)

I, _____, hereby represent and declare that _____ (“Releasing Party”) is currently represented by the undersigned counsel, because I have been privately retained by the Releasing Party. I have provided Releasing Party with a copy of the Release of Claims to which this Certification of Counsel is attached and have made available to Releasing Party a copy of the Settlement Agreement referred to in the Release of Claims (which copies include all attachments). I, or an employee of the firm working under my direction and authority, informed Releasing Party of the terms and legal effect of all of the foregoing documents and Releasing Party’s decision to participate in the Settlement Program, and I, or an employee of the firm working under my direction and authority, answered any and all questions Releasing Party may have had. I hereby certify that Releasing Party, having had a full opportunity to read, understand, and inquire of counsel about the terms and conditions of the foregoing documents, does not have, and I do not have, any objection to the terms of this Release of Claims or any of the other foregoing documents. I further agree to be bound by my obligations in all of the terms of the Settlement Agreement applicable to counsel for Claimants.

COUNSEL FOR RELEASING PARTY:

By: _____

Name: _____

Title: _____

Dated: _____