



Direct Stock Purchase Plan

Broadridge Corporate Issuer Solutions
P.O. Box 1342
Brentwood, NY 11717-0718
Phone: (800) 268-7369 or (720) 399-2074
TTY: (855) 627-5080
Fax: (215) 553-5402
Website: shareholder.broadridge.com/DE

Dear Shareholder,

Thank you for contacting Broadridge Corporate Issuer Solutions, the transfer agent for Deere & Company, expressing interest in opening a new account or managing the dividend elections on an existing account. Enclosed is the document you requested. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

1. Make sure your form has all of the required signatures. If the account has a joint tenant registration, both shareholders are required to sign. If you are signing for the shareholder, please include your title (i.e., POA, Custodian, Executor) after your signature and the proper documentation supporting your title, if applicable (i.e., appointment documents).
2. If opening a new account, include a check made payable to "Broadridge."
3. Consult your Plan document for additional information about the Plan, including purchase dates, minimum and maximum investment amounts, and any fees associated with the Plan.

If you have any questions regarding your shareholder account, please contact us Monday through Friday between the hours of 9:00 AM and 6:00 PM Eastern Time at:

Telephone Number: (800) 268-7369 or (720) 399-2074

E-mail: shareholder@broadridge.com

Please retain a copy of all documents for your records. Please return the above items to:

Regular Mail

**Broadridge Shareholder Services
c/o Broadridge Corporate Issuer Solutions
P.O. Box 1342
Brentwood, NY 11717-0718**

OR

Overnight Mail

**Broadridge Shareholder Services
c/o Broadridge Corporate Issuer Solutions
1155 Long Island Avenue
Edgewood, NY 11717-8309
ATTN: IWS**

Sincerely,

Correspondence Department
Broadridge Corporate Issuer Solutions
Shareholder Services

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you complete an enrollment application, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Please be aware that we will verify the information you provide and may also ask for copies of your driver's license or other identifying documents. Further, we will collect and hold information provided to us pursuant to our Privacy Statement available at shareholder.broadridge.com.

SECTION I - EXISTING SHAREHOLDERS - PLEASE PRINT

You may also utilize our Shareholder Portal at shareholder.broadridge.com to update any of your existing account's information.

- 1. Company Name _____
(Please see Plan documents for enrollment eligibility requirements.)
- 2. Account Number _____ 3. Last Four of Owner's Social Security Number or Tax Identification Number _____
- 4. Account Registration _____
- 5. Account Address _____
Street City State Zip Code
- 6. Telephone Number _____ 7. E-mail Address _____

This section is to be completed only if you already maintain an account with Broadridge. Please proceed to Section III to manage existing Account Elections.

SECTION II - NEW SHAREHOLDERS - PLEASE PRINT

You may also utilize our online Stock Purchase Wizard at stockplans.broadridge.com to establish a new account.

- 1. Company Name _____
(Please see Plan documents for enrollment eligibility requirements.)
 - 2. Initial Investments (Make checks payable to Broadridge)
 - As a new shareholder, I wish to enroll in the Plan by making an initial investment. Enclosed is my check or money order for:
\$ _____. (Please see Plan documents for initial investment minimum and maximum.)
 - 3. Account Registration - Type of Account (Please check one box and provide all requested information.)
 - Individual or Joint:** Joint accounts will be presumed to be joint tenants with rights of survivorship and not tenants in common, unless tenants in common, tenants by the entireties, or community property registrations are requested. Provide the primary account holder's TIN (the primary account holder is the first joint tenant listed on the account).

Owner's First Name	M.I.	Last Name	Owner's Social Security Number or Tax Identification Number	Joint Owner's First Name	M.I.	Last Name
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 - Custodial or Guardianship of Minor:** A minor is the beneficial owner of the account with an adult custodian managing the account until the minor reaches the age of majority, as specified in the Uniform Gifts/Transfers to Minors Act in the minor's state of residence (U.S. only).

Custodian's First Name	M.I.	Last Name	Minor's First Name	M.I.	Last Name	Minor's Social Security Number	Minor's State of Residence (U.S. only)
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 - Trust:** Account is established in accordance with provisions of a trust agreement.
- | | | | |
|-----------------|---------------|------------|---------------------------------|
| Trustee Name(s) | Name of Trust | Trust Date | Trust Tax Identification Number |
|-----------------|---------------|------------|---------------------------------|
- Corporation, Partnership, or Other Entity:**
- | | |
|---------------|---------------------------|
| Business Name | Tax Identification Number |
|---------------|---------------------------|
- 4. Account Address (required) _____
Street City State Zip Code
 - 5. Telephone Number _____ 6. E-mail Address _____

SECTION III - DIVIDEND ELECTIONS - PLEASE PRINT

You may choose to reinvest all or a portion of the cash dividends paid on _____ (Insert Company Name)
 Please check one box below to indicate your reinvestment election. (If you do not check a box, you will be deemed to have selected the "Fully Reinvest" option.)

- Reinvest the dividends on ALL shares.**
- I would like a portion of my dividends reinvested.** Please remit to me the dividends on _____ shares. I understand that the dividends on my remaining shares, as well as all future shares that I acquire, will be reinvested. (number)
- All cash – Do not reinvest my dividends – Receive check.** Your dividend check will be automatically mailed to your address of record.
- All cash – Do not reinvest my dividends – Direct deposit my dividends.** I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to have my/our dividends deposited automatically in my/our checking/savings account pursuant to the terms of the applicable plan. (See Section V.)

SECTION IV - AUTHORIZATION FOR ONE TIME OR RECURRING INVESTMENTS - OPTIONAL

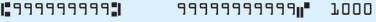
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make a **one time** voluntary contribution in the amount indicated to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan. The check made payable to Broadridge for \$ _____ is enclosed. (Please see Plan documents for min./max. amount.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make a **one time** automatic withdrawal from my/our checking/savings account in the amount indicated below to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan. One Time Investment Amount \$ _____ (Please see Plan documents for min./max. draft amount.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **start** making recurring automatic withdrawals from my/our checking/savings account in the amount indicated below to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan.
 Automatic Investment Amount \$ _____ (Please see Plan documents for min./max. draft amount.)
 Frequency: Monthly Quarterly Semi-Annual (Please see Plan documents for permitted frequencies.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **change** the automatic recurring investment amount from my/our checking/savings account to \$ _____.
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **terminate** existing instructions authorizing recurring automatic withdrawals from my/our checking/savings account.

**SECTION V - INCLUDE A VOIDED CHECK
 BANKING INFORMATION FOR ONE TIME OR RECURRING INVESTMENTS AND/OR DIRECT DEPOSIT AUTHORIZATION**

Select One: Type of Account:

Checking Savings

Name(s) on Bank Account:

John Doe 123 Main Street Anytown, USA	1234
Pay to the order of _____ \$ _____	Date _____
Any Bank USA	Dollars
For _____	
	

Attach voided check here.

To be completed by your financial organization only if a voided check cannot be supplied or your account is with a credit union or savings & loan.

Name of Financial Organization _____

Bank Routing Number _____

Bank Account Number _____

 Authorized Signature of Financial Organization Date

SECTION VI - SIGNATURE(S)

SIGNATURE(S) - The signatures below indicate that I/we have read the company's respective Plan document and agree to its terms. By signing below, I/we agree to the indicated account election changes referenced above. The signature of all registered holders is required.

 Signature Date Signature Date

