

REQUEST FOR WAIVER

*Ferrellgas Partners, L.P.
Direct Investment Plan*

This form is to be used only by participants in the Ferrellgas Partners, L.P. ("Ferrellgas" or the "Company") Direct Investment Plan (the "Plan") who are requesting authorization from the Company to make an optional cash investment under the Plan in excess of the \$10,000 monthly maximum. To determine whether or not the Company is considering Request for Waiver forms, please call 1-913-661-2156 for a voice-recorded message. **Please note that the Company will not accept nor contact you regarding your Request for Waiver submission unless the Company has disclosed it is accepting such Request for Waivers on the aforementioned voice recording.**

A new form must be completed each month the participant wishes to make an optional cash investment in excess of the \$10,000 monthly maximum. The Company will not consider this form for acceptance unless it is completed in its entirety.

The participant submitting this form hereby certifies that (a) the information contained herein is true and correct as of the date of this form, and (b) the participant has received a current copy of the Prospectus relating to the Plan (the "Prospectus").

This form should be completed and returned (via facsimile) to the Company, Attention: Ryan VanWinkle, fax number 1-913-661-1537 no later than 2:00 p.m. New York City time on the day that is three (3) business days prior to the first day of the Pricing Period for the applicable Investment Date. See "Optional Cash Investments" beginning on page 8 of the Prospectus. For information regarding the discount (if any) that may be applicable to optional cash investments made pursuant to an approved Request for Waiver, please call 1-913-661-2156 for a voice recorded message.

The Company will notify you and the Plan Administrator two (2) business days prior to the first day of the Pricing Period if this request is accepted and the dollar amount approved.

The price of common units purchased pursuant to a Request for Waiver accepted by the Company will be based upon the volume weighted average price of Ferrellgas common units obtained from Bloomberg, LP for New York Stock Exchange trading for the trading hours from 9:30 a.m. to 4:00 p.m. New York City time, rounded to three decimal places, if necessary, for each trading day during the relevant pricing period, calculated pro rata on a daily basis, less any applicable waiver discount. See "Optional Cash Investments" beginning on page 8 of the Prospectus for more information.

The Plan Administrator must receive good funds on all accepted Requests for Waiver no later than 2:00 p.m. New York City time one business day prior to the first day of the relevant Pricing Period in order for such funds to be invested on the relevant investment date. For the Plan Administrator's wire transfer information to make your investment, please contact Computershare at 201-222-4505.

Pricing Period:	Today's Date:		
Participant Company or Individual Name:	Optional Cash Investment Amount Requested:		
Individual Authorized to Transact on Account:	Social Security Number or Tax I.D.:		
Authorized Individual Signature:	Street Address:		
Existing Account Number or Name as it Appears on Common Unit Certificate (if applicable):	City:	State:	ZIP:
Print Name as it Should Appear on Account and/or Certificate (if applicable):	Contact Name / Contact Phone Number:		
Contact E-mail Address:	Contact Fax Number:		
Disposition of Shares (check one box):			
<input type="checkbox"/> Hold all shares in my plan account <input type="checkbox"/> Issue certificate for full shares <input type="checkbox"/> DWAC full shares to DTC# _____ \$100 fee per DWAC			

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In the event that the threshold price is not satisfied or there are no trades reported for a day in the Pricing Period the following information will be used to return the applicable portion of your Optional Cash Investment as soon as practical after conclusion of the Pricing Period	
Name of Financial Institution:	Bank ABA / Routing Number:
Bank Account Name:	Bank Account Number:

Accepted by Ferrellgas	
Investment Date:	
Optional cash investment amount approved:	By:
Method of Payment:	Name:
	Title:
Applicable Waiver Discount :	Optional Pricing Period Extension Activated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date:	