

## 2023 AgriStability Opt Out Request Form

Identification Number	AgriStability PIN - add zeros at front to equal 8 digits
8 7 0 _____	_____

<b>Client Information:</b>
Business Name _____
Business Address _____
Contact Person and phone number (Must be a Client or, Shareholder of the company) _____

<b>Program Information</b>
<p>The purpose of this form is to authorize the withdrawal of a participant from the AgriStability Program.</p> <p>Reason for Opt Out:</p> <p><input type="checkbox"/> Ceased farming</p> <p><input type="checkbox"/> AgriStability Program is difficult to understand</p> <p><input type="checkbox"/> Crop/WLP/other insurance covers all of my needs</p> <p><input type="checkbox"/> Difficulty in preparing Supplementary Information forms</p> <p><input type="checkbox"/> Program changes</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Clients who need assistance with this form can call their Branch Office or the AFSC Client Service Centre at 1-877-899-2372. To submit this form:          Fax to (403) 782-8348 or 1-855-700-AFSC (2372) or          Mail to AFSC, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1          Email to <a href="mailto:info@afsc.ca">info@afsc.ca</a></p>

<p align="center"><b>IMPORTANT</b></p> <p><i>Opting out of AgriStability may affect eligibility for the Advance Payments Program (APP). Call toll free 1-888-346-2511 or contact your Participating Producer Organization for information.</i></p> <p><i>Alberta corporations that opt out of AgriStability but wish to continue participating in AgriInvest must continue submitting their tax information to AFSC.</i></p> <p><i>In order to opt back into AgriStability, a written request must be received no later than April 30 of the program year for which re-enrolment is desired. Contact AFSC at 1-877-899-AFSC (2372) for further information.</i></p>
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Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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### Client Declaration

I (we) request to opt out of the AgriStability Program. I (we) understand that in order to rejoin the program we must notify AFSC before the Enrolment / Fee deadline for that program year and meet all other program participation requirements.

I (we) also acknowledge that both the administrative cost share (ACS) of \$55 and the Program Fee and applicable penalties may be charged for the current program year if this Opt Out Request is made past the related program year's Enrolment/Fee deadline. Any Interim or Target Advance Payments (TAP) already received for the program year is subject to immediate repayment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_