

Assignment of Indemnity Form for Insurance (Excluding Livestock Price Insurance – LPI)

Branch Office Use Only			
Identification Number			Year
8 7 0 _____			

Client Information
Business Name _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Instructions for Completing Assignments of Indemnity
<ol style="list-style-type: none"> 1. Ensure all information is recorded clearly and accurately. Accuracy in completing the assignment will ensure that it is registered to the correct business. 2. A \$45 nonrefundable registration fee for each assignment is required. Make cheques or drafts payable to Agriculture Financial Services Corporation. <div style="margin-left: 20px;">Note: Due to previous collection agreements, grain companies will not be required to pay the administration fee.</div> 3. Mail the completed form with payment to: <div style="margin-left: 20px;">Agriculture Financial Services Corporation Finance 5718 56 Avenue Lacombe, Alberta T4L 1B1</div> 4. When completed documents are received the assignment will be registered and acknowledgement sent to the insured and the assignee. The assignment is not valid unless accepted and acknowledged in writing by Agriculture Financial Services Corporation. 5. Assignments will expire on the date indicated. 6. Ensure that the Identification Number, Subscription Number(s) and Subscription Type field(s) have been completed.

<p>This Assignment covers Insurance subscriptions for Annual and Perennial Programs administered by Agriculture Financial Services Corporation, excluding LPI.</p> <p>For valuable consideration, the Insured hereby assigns to: _____ <div style="text-align: right; margin-left: 500px;">Name of Assignee</div> </p> <p>Of _____ <div style="text-align: center; margin-left: 100px;">Complete Mailing Address including Postal Code</div> <div style="text-align: right; margin-right: 50px;">Postal Code _____</div> </p> <p>Assignee Contact Info: _____ <div style="text-align: center; margin-left: 200px;">Name</div> <div style="text-align: right; margin-right: 50px;">Telephone _____</div> </p> <p>an undivided 100% of all monies up to an amount of \$ _____ which may be payable by AFSC as a result of a payable loss on Identification Number (870) recorded above, for the time period ending March 31, 2022.</p>

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Freedom of Information and Protection of Privacy Act and Client Declaration	
<p>The information on this form, and any information you provide to us in the future related to this form, is collected under the authority of the <i>Agriculture Financial Services Act</i> (Alberta) and the <i>Freedom of Information and Protection of Privacy Act</i> (Alberta) (the “FOIP Act”). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/ or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.</p> <p>By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: B.C. Ministry of Agriculture, Alberta Ministry of Agriculture and Forestry, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture and Resource Development, Manitoba Agriculture Services Corporation, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC, federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; (iii) for AFSC, federal and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program compliance; (v) for research development; and (vi) for statistical purposes.</p> <p>If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.</p> <p>This assignment is subject to section 55.1 of the <i>Agriculture Financial Services Act</i> and section 95 of the <i>Financial Administration Act</i> (Alberta). Agriculture Financial Services Corporation is not bound by this assignment unless the assignment has been consented to by an acknowledgement in writing from Agriculture Financial Services Corporation. The Insured understands that indemnity cheques, up to the amount stated in this Assignment of Indemnity, will be made payable to the assignee and forwarded directly to the assignee. This assignment is subject to the deduction of any monies which may be owing to Agriculture Financial Services Corporation.</p> <p>Dated at _____ in the Province of Alberta this _____ day _____ 20____ <small style="margin-left: 100px;">City or Town</small> <small style="margin-left: 150px;">Date</small> <small style="margin-left: 100px;">Month</small> <small style="margin-left: 10px;">Year</small></p> <p>Insured’s Signature: _____ Witness Signature: _____</p> <p>Insured’s Printed Name: _____ Witness Printed Name: _____</p> <p>Insured’s Printed Address: _____</p>	

Central Office Use Only
<p>Consent and Acknowledgement</p> <p>Agriculture Financial Services Corporation consents to the above assignment, subject to the deduction of any monies which may be owing to Agriculture Financial Services Corporation.</p> <p>Dated in Lacombe, Alberta this _____ day of _____ 20____.</p> <p>Signed by: _____ for Agriculture Financial Services Corporation.</p> <p>Administration fee received <input type="checkbox"/> (\$45).</p>