

2025 AgriStability Opt Out Request Form

Identification Number	AgriStability PIN - add zeros at front to equal 8 digits	
870		
Client Information:		
Business Name		
Business Address		
Contact Person and phone number (Must be a Client or, Shareholder of the company)		
Program Information		
The purpose of this form is to authorize the withdrawal of a participant from the AgriStability Program.		
Reason for Opt Out:		
Ceased farming		
AgriStability Program is difficult to understand		
Crop/WLPIP/other insurance covers all of my needs		
Difficulty in preparing Supplementary Information forms		
Program changes		
Other (Specify)		
Clients who need assistance with this form can call their Branch Offi	ce 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 info@afsc.ca

IMPORTANT

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.

Alberta corporations that opt out of AgriStability but wish to continue participating in AgriInvest must continue submitting their tax information to AFSC.

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.

	Date Stamp – primary	Date Stamp – secondary
Do Not Use This Area		



Alberta





Identification Number	AgriStability PIN - add zeros at front to equal 8 digits
870	
870	

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
CIICIII	Signature

____ Date ___

Client Signature _

Date _