

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>Please provide the reason for opting out of the Program:</p> <p><input type="checkbox"/> 1. Ceased farming or downsizing for retirement</p> <p><input type="checkbox"/> 2. The AgriStability Program is difficult to understand</p> <p><input type="checkbox"/> 3. Crop Insurance / Livestock Price Insurance / other insurance covers all of my needs</p> <p><input type="checkbox"/> 4. Difficulty in preparing Supplementary Forms</p> <p><input type="checkbox"/> 5. Program changes</p> <p><input type="checkbox"/> 6. Change in farm structure / practice (including crop share, incorporation, partnerships)</p> <p><input type="checkbox"/> 7. Does not fit my farming model (farm size, production systems)</p> <p><input type="checkbox"/> 8. Other (specify) _____</p> <p>Additional comments (if you have further details you wish to expand on <i>for reasons 1-7</i>, please share them here):</p> <p>_____</p>

<p align="center"><b>IMPORTANT</b></p> <p><i>Opting out of the AgriStability Program 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 the AgriStability Program but wish to continue participating in AgriInvest must continue submitting their tax information to Agriculture Financial Services Corporation (AFSC).</i></p> <p><i>In order to opt back into the AgriStability Program, 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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## 2026 AgriStability Opt Out Request Form

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

### 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) fee 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 \_\_\_\_\_

### AFSC Privacy Collection Notification

AFSC collects information for the purpose of operation and administration of our programs and services. Any information you provide to us related to this purpose, whether personal information or business information, (the "**Collected Information**") is collected under the authority of the *Protection of Privacy Act* (Alberta) under section 4(c). AFSC may use the Collected Information in automated systems to generate content and to make decisions, recommendations and predictions.

If you have any questions about this notification, or about the collection and use of your information, please contact AFSC by mail at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372, or [privacy@afsc.ca](mailto:privacy@afsc.ca).