

Identification Number	? Subscription #	Year
8 7 0 - <input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>

Client Information

Business Name **?** _____

Business Address _____

Contact Person (Must be a Client, or Shareholder of the company) **?** _____

Program Eligibility

Questions 1 to 4 must be answered "Yes" **?**

- Yes No Client must file or intend to file farm Income (or Loss) for tax purposes in the Province of Alberta.
- Yes No Eligible Livestock are/will be owned by the applicant
- Yes No Client (if an individual) is 18 years of age or older
- Yes No Client's greatest amount of income from Eligible Livestock would be reportable in Alberta under the Income Tax Act (Canada) or be a Status Indian who carried on the business of farming on a reserve in Western Canada.

- Record client legal names or as registered at corporate registry.
- Only applicants and parties with written authorization are allowed to give or receive information about this account.
- Return this form to any Local WLPIP Office or fax toll free to 1-855-700-2372.**

Online Web Account Creation

Check here if you wish to receive online web access now.

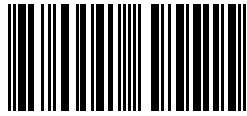
? • Email _____

• Your Activation Key will expire after 30 days.

You may contact your Local Office at a later date to obtain online web access.

Authorization **?**

Check here if you want the legal document (Authority Form – Western LPIP) required to designate an Authorized Representative to act on behalf of the client, for all matters regarding WLPIP or for a "Person to only receive Information". Until the document is received from you completed and signed, the Insurer will not provide or receive information from anyone other than the client.

	Date Stamp – primary <input type="text"/>	Date Stamp – secondary <input type="text"/>
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The personal information on this form is collected under the authority of the *Agriculture Financial Service Act* and the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the WLPIP Call Center, 5718-56th Avenue, Lacombe AB, 1-844-782-5747.

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Consent Statement and Client Declaration

The Applicant consents to:

- a. the release to AFSC by third parties of all information in such third party's possession, including information in the possession of other programs administered by AFSC, relating to the Applicant's livestock and farming operations and to the Applicant's participation in the Western Livestock Price Insurance Program ("WLPIP"),
- b. the use by AFSC of the Applicant's information for the administration of WLPIP and any contracts issued to the Applicant thereunder, for the administration of all programs administered by AFSC in which the Applicant participates, for retention in AFSC's database as required, for advising the Applicant about other AFSC programs and services, for policy and program development and evaluation, and for research and statistical purposes, and
- c. the release by AFSC to the Government of Alberta and to the Government of Canada or their respective crown agencies of any information in AFSC's possession pertaining to the Applicant's participation in WLPIP for the administration of WLPIP, for policy and program development and evaluation, and for research and statistical purposes.

1. I/we have received and agree to be bound by the terms of the Western Livestock Price Insurance Contract of Insurance,
2. I am/we are eligible to participate in the Western Livestock Price Insurance program as indicated on this application,
3. I/we understand and acknowledge that, if this application is accepted, on the date of such acceptance I/we will be bound by all of the terms and conditions of the Contract of Insurance, including any changes to the terms or conditions of the Contract of Insurance that may be made, and this remains in effect unless terminated pursuant to the terms of the Contract of Insurance,
4. All of the information contained in this application is accurate and true. If I/we give false information, make a false statement, fail to disclose in the application any information required by the Insurer, or return misleading information, I/we could be prosecuted and liable to a fine or imprisonment, or both, and forfeit the right to an indemnity.

Cheques and correspondence will be sent to the "Client" shown as the Business Name.

I/we undertake to immediately notify the Local WLPIP Office in writing if I/we discover that any of the information contained in this application is inaccurate or untrue.

Client Signature _____ Date _____

Client Signature _____ Date _____

Contact Information: Complete ONLY if there are changes to the information on file.

Home / Business (_____)	Home Quarter _____
Phone Number	Part Section Township Range Meridian
Cell (_____)	
Email _____	GST/BIN/Trust # _____
Fax (_____)	Local Office _____ Province _____

Office Use Only

Approved By _____ Date _____

Processed By _____ Date _____