

Identification Number	Subscription		Year
8 7 0	-		

Client Information
Business Name

This Assignment covers only Livestock Price Insurance.
<p>For valuable consideration, the Insured hereby assigns to _____  Name of Assignee</p> <p>Of _____  Address City or Town Province Postal Code</p> <p>an undivided 100% of all monies up to an amount of \$ _____ which may be payable by the Program Administrator as a result of a payable loss on the Identification and Subscription numbers as entered above.</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). The Program Administrator is not bound by this assignment unless the assignment has been consented to by an acknowledgement in writing from the Program Administrator. 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>

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

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 Agriculture Financial Services Act (Alberta) and the Freedom of Information and Protection of Privacy Act (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.

By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form for the purpose of meeting and advancing AFSC's legislative, contractual, administrative, business and operational obligations and objectives.

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.

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

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

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Service Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

### Signature. Return this completed document to your local LPI office.

Dated at \_\_\_\_\_ in the Province of Alberta this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
City or Town Date Month Year

Client \_\_\_\_\_ Signature \_\_\_\_\_ Witness \_\_\_\_\_ Signature \_\_\_\_\_

Client (Printed Name) \_\_\_\_\_ Witness (Printed Name) \_\_\_\_\_