

Identification Number	Subscription		Year
8 7 0 _____	- _____		

Client Information
Legal Name _____

Program:
<input type="checkbox"/> Fed <input type="checkbox"/> Feeder <input type="checkbox"/> Calf <input type="checkbox"/> Hog This document is to authorize the cancellation of one or more active Livestock Price Insurance Program policies. Please indicate the policy number(s) below: Policy Number(s) for Termination _____ Please submit this completed document to AFSC by fax 403.782.8339 or email info@lpi.ca. Questions? Call 1.844.782.5747

Client Signature
By signing this document I (we) declare that <ul style="list-style-type: none"> • I (we) accept that all cancelled policy's premiums paid will be forfeited and any outstanding cancelled policy's premiums must be paid in full to the Insurer. • I (we) accept that the cancellation will be accepted upon receipt by AFSC. • I (we) accept a new policy, under the same program, for the same livestock as the cancelled policy may not be purchased, until such a time as the cancellation is received by AFSC. • I (we) accept to give up all rights to the cancelled policy. Print Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Name Middle Name Last Name </div> Signature: _____ or <input type="checkbox"/> By clicking this box, you are providing your electronic signature Contact Number: _____ Date: _____ <div style="text-align: center; font-size: x-small;">mmm/dd/yyyy</div>

Office Use Only
Reviewed / Accepted By _____ Date _____ Processed By _____ Date _____

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