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|-----------------------|--|--|------|
| Identification Number |  |  | Year |
| 8 7 0 ?               |  |  |      |

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|--|
| <b>Client Information</b>  |
| Business Name ?  |
| Business Address _____   |
| Contact Person (Must be a Client, or Shareholder of the company) ? |

Designate what ability you want the person or business listed below to have:

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Authorized Representative</b><br>(can act on behalf of livestock owner, through livestock owner's account)  | ? | <input type="checkbox"/> <b>Person to Receive Information</b><br>(may only receive information, not conduct business on behalf of livestock owner) |
| Representative's Full Name: _____<br>Representative's Address: _____<br>Phone Number: _____   |   |  |
| I agree to the terms and conditions of the Contract of Insurance and hereby appoint the party named above to act on my behalf in the Western Livestock Price Insurance Program. I agree that I will not insure the same livestock through myself or another Authorized Representative and I am aware that I may be audited according to the terms and conditions of the Contract of Insurance. This authorization once provided to and accepted by the Insurer remains in effect until I inform the Insurer otherwise in writing. |   |  |
| Signature of Insured _____ / _____ Date _____<br><div style="text-align: center; margin-left: 300px;">Print Name</div>  |   |  |

|                      |            |                      |
|----------------------|------------|----------------------|
| Do Not Use This Area | Date Stamp | Do Not Use This Area |
|----------------------|------------|----------------------|

The personal information on this form is collected under the authority of the Farm Income Insurance Act, RSBC 1996. Your information is protected by and is subject to the provisions of the Freedom of Information and Protection of Privacy Act. We collect only what is necessary for the administration of the Western Livestock Price Insurance Program and the operation of the program's online systems and the provision of requested materials to you. Your information will be shared with the Alberta Financial Services Corporation for the purposes of administering the program and may also be used for the administration of all BRM programs, to advise you about BRM programs and services, for policy and program development and evaluation, and for research and statistical purposes. Your information may be shared with Agriculture and Agri-Food Canada for policy and program development and evaluation and for research and statistical purposes. Questions about the collection of information should be directed to: Business Risk Management Branch, 200 - 1690 Powick Rd., Kelowna, BC V1X 7G5 1-888-332-3352.