

Identification Number	Subscription		Year
8 7 0 _____	- _____		

Client Information	
Business Name _____	
Business Address _____	
Phone Number (____) _____	Fax (____) _____

Program:
<input type="checkbox"/> Fed <input type="checkbox"/> Feeder <input type="checkbox"/> Calf <input type="checkbox"/> Hog As you have recently expressed interest in the cancellation of an active Livestock Price Insurance Program policy please indicate the policy(s) intended for termination below: Policy Number(s) for Termination _____ Please submit this completed document to your MASC Office. If you require additional means to submit your intent, or have questions, please call toll free 1.844.782.5747.

Client Declaration
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. Client Signature _____ Date _____

Office Use Only
Recieved By _____ Date _____ For MASC
Processed By _____ Date _____ For LPI (Lacombe)

Do Not Use This Area	Date Stamp	Do Not Use This Area
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