

Identification Number	Subscription		Year
8 7 0 _____	- _____		

Client Information
Business Name _____
Business Address _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Purchase Information
Hours to Purchase: Tuesday, Wednesday, Thursday 3:00 pm to 12:00 am CST
Options
<input type="checkbox"/> AB Red Deer <input type="checkbox"/> SK Brandon <input type="checkbox"/> MB Brandon
<input type="checkbox"/> Yes <input type="checkbox"/> No Can demonstrate ownership of Hogs for a minimum of 20 continuous days within the policy length purchased <input type="checkbox"/> Yes <input type="checkbox"/> No Feeds the Hogs within Western Canada or within a geographical locale as may be specified by the Insurer
Date to Purchase: _____ As offered within the Calendar of Insurance.
<p>Payment must be received within 15 days of purchase to avoid interest charges. Any balance owing after 15 days is subject to interest at CIBC prime plus two per cent and is due, in full, 30 days after the expiration of the policy.</p> <p>Payments can be completed via telephone or online banking. Add <i>Agriculture Financial Services</i> as a payee and use your subscription number as the account number.</p> <p>Cheques must be made payable to AFSC and mailed to: • <u>Agriculture Financial Services Corporation, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1.</u></p>

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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The information on this form is collected under the authority of *The Manitoba Agricultural Services Corporation Act* and will be used to evaluate your eligibility for participation in the Livestock Price Insurance Program and to administer any contract issued to you under that Program and any other MASC program in which you participate. If you have any questions about this form and the collection and use of information, please contact the Livestock Price Insurance Coordinator, 400-50-24th Street N.W., Portage la Prairie, MB, R1N 3V9, Phone: 431-815-6137

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Lot ID* (Optional)	Insurable Period (No. of Months)	Insured Price	Premium (per 100 kgs)		Insured Weight** (per 100 kgs)		Policy Premium	Office Use	
								Invoice Number	Policy Number
				x		=			
				x		=			
				x		=			
				x		=			

* Lot ID is optional. To link a group of hogs to a policy, enter up to 15 letters/numbers. Example: Pen 3.

**Insured Weight per 100 kgs = (number of head x expected sale dressed weight) ÷ 100

Need assistance with this form?

Call your MASC office or the LPI Client Service Centre at 1.844.782.5747

You may forward completed forms to your MASC office or the LPI Client Service Centre:

- by fax at 1.403.782.8339
- by email to info@lpi.ca

Client Declaration & Signature

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

I meet the eligibility requirements of the Livestock Price Insurance Program for the above selected subscription and am authorized to make this request. I understand that this request cannot be withdrawn after it has been submitted to the Insurer.

I also understand that I must make the necessary payment within fifteen (15) days of making this request or my policy will be cancelled.

Client Signature _____ / _____ Print Name

Contact Number _____ Date _____ Time _____

Office Use Only

Received by _____ Date _____

Purchase completed by _____ Local Office _____

Time and Date _____