

Third Party Representative Authorization

Identification Number		Year
8 7 0 _____		

Client Information
Business Name _____

Part 1: Who is receiving authorization? (one per form)
Name of person or business _____
Address _____
Email _____
Office Phone Number _____ Cell _____ Fax _____

Part 2: Select the AFSC products that you are Authorizing the Third-Party Representative to access.		
<input type="checkbox"/> Income Stabilization <small>(AgriStability, AgriInvest, AgriRecovery)</small>	<input type="checkbox"/> Insurance	<input type="checkbox"/> Livestock Price Insurance

Consent Statement and Client Declaration
<p>I understand that:</p> <ul style="list-style-type: none"> The Third Party Representative has authority to engage with AFSC on my behalf in the following ways: they can view, receive and submit all information for the selected product line(s), and complete transactions online. The Third Party Representative is not permitted to: purchase (except for LPI), cancel contracts, update my personal information or banking information. This authorization does not override the terms and conditions of the program or product the client has agreed to with AFSC. This Authorization does not include any loans I may have with AFSC's Lending program. <p>It is my responsibility to contact AFSC and terminate this authorization if for any reason I no longer want the person/business named in Part 1 to access my information.</p> <p>By signing this form, I authorize the Third Party Representative identified in Part 1 for the product line(s) selected in Part 2 to engage with AFSC on my behalf and AFSC to engage with the authorized Third Party Representative.</p> <p>Print Name _____</p> <p>Client Signature _____ Date _____</p>

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