

Identification Number	Subscription		Year
8 7 0	-		

Client Information
Business Name

Program Eligibility
<p>Application for <input type="checkbox"/> Cattle <input type="checkbox"/> Hog</p> <p>Questions 1 to 4 must be answered "Yes"</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Client must file or intend to file farm Income (or Loss) for tax purposes in the Province of Alberta.</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Livestock are/will be owned by the applicant</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Client (if an individual) is 18 years of age or older</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Client's greatest amount of income from Eligible Livestock would be reportable in Alberta under the Income Tax Act (Canada) or be a Status Indian who carried on the business of farming on a reserve in Western Canada.</p> <ul style="list-style-type: none"> Record client legal names or as registered at corporate registry. Only applicants and parties with written authorization are allowed to give or receive information about this account. Return this form to any Local LPI Office or fax to the LPI Client Service Centre 1.403.782.8339.

Consent Statements
<p>The Applicant consents to:</p> <ul style="list-style-type: none"> The release to AFSC by third parties of all information in such third party's possession, including information in the possession of other programs administered by AFSC, relating to the Applicant's livestock and farming operations and to the Applicant's participation in the Livestock Price Insurance Program ("LPI"); and The use by AFSC of the Applicant's information for advising the Applicant about other AFSC programs and services.

Conflict of Interest
<p><input type="checkbox"/> The Livestock Price Insurance applicant acknowledges that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.</p>

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Freedom of Information and Protection of Privacy Act

The information on this form, and any information you provide to us in the future related to this form, is collected under the authority of the Agriculture Financial Services Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta) (the "FOIP Act"). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form for the purpose of meeting and advancing AFSC's legislative, contractual, administrative, business and operational obligations and objectives.

If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

Client Declaration

1. I/we have received and agree to be bound by the terms of the Livestock Price Insurance Contract of Insurance,
2. I am/we are eligible to participate in the Livestock Price Insurance program as indicated on this application,
3. I/we understand and acknowledge that, if this application is accepted, on the date of such acceptance I/we will be bound by all of the terms and conditions of the Contract of Insurance, including any changes to the terms or conditions of the Contract of Insurance that may be made, and this remains in effect unless terminated pursuant to the terms of the Contract of Insurance,
4. All of the information contained in this application is accurate and true. If I/we give false information, make a false statement, fail to disclose in the application any information required by the Insurer, or return misleading information, I/we could be prosecuted and liable to a fine or imprisonment, or both, and forfeit the right to an indemnity.

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

Print Name _____

Client Signature _____ Date _____

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Service Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

Office Use Only

Approved By _____ Date _____

Processed By _____ Date _____