

## Saskatchewan Assignment of Indemnity Form - WLPPI

Identification Number	Subscription	Year
8 7 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Client Information**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person (Must be a Client, or Shareholder of the company) \_\_\_\_\_

**This Assignment covers only the Western Livestock Price Insurance Program.**

For valuable consideration, the Insured hereby assigns to \_\_\_\_\_  
Name of Assignee

Of \_\_\_\_\_  
Complete Mailing Address Postal Code \_\_\_\_\_

an undivided 100% of all monies up to an amount of \$ \_\_\_\_\_ which may be payable by the Program Administrator as a result of a payable loss on the Identification and Subscription numbers as entered above.

This assignment is subject to section 55.1 of the *Agriculture Financial Services Act* and section 95 of the *Financial Administration Act* (Alberta). The Program Administrator is not bound by this assignment unless the assignment has been consented to by an acknowledgement in writing from the Program Administrator. The Insured understands that indemnity cheques, up to the amount stated in this Assignment of Indemnity, will be made payable to the assignee and forwarded directly to the assignee. This assignment is subject to the deduction of any monies which may be owing to Agriculture Financial Services Corporation.

**Signature**

Dated at \_\_\_\_\_ in the Province of Saskatchewan this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
City or Town Date Month Year

Client \_\_\_\_\_ Signature \_\_\_\_\_ Witness \_\_\_\_\_ Signature \_\_\_\_\_

Client (Printed Name) \_\_\_\_\_ Witness (Printed Name) \_\_\_\_\_

**Office Use Only - Consent and Acknowledgement**

Dated in Lacombe, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed by: \_\_\_\_\_ for Agriculture Financial Services Corporation



Date Stamp – primary

Date Stamp – secondary

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the sensitivity of your personal information. Any personal information given to SCIC for the purpose of the Western Livestock Price Insurance Program will be shared with the province of Alberta for the purpose of administering the Program. SCIC and Alberta will secure your information in accordance with the *Freedom of Information and Protection of Privacy Act*, the *Personal Information and Protection of Electronic Documents Act*, *The Saskatchewan Crop Insurance Corporation Act*, and other applicable Saskatchewan statutes, regulations and SCIC privacy policies. You agree that SCIC and Alberta may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to *The Archives Act*. For all privacy concerns related to this program, please contact SCIC's Privacy & Security Manager at 306-728-7200 or email [securityofficer@scic.gov.sk.ca](mailto:securityofficer@scic.gov.sk.ca)