

## **ASSIGNMENT OF INDEMNITY**

Contract Number:	Customer Na	ame:		
Address:	Town / City:			
Province:	Postal Code:			
For value received, I/We herby transfer,	assign and set over unto:			
Assignee Name:				
Address:	dress: Tov		own / City:	
ovince: Postal Code:		Branch Phone Number:		
Email Address:				
All my right, title and interest to all bene except establishment indemnities, appl Corporation, up to the amount of \$	licable to the crop year a	as determined by the Sas	katchewan Crop Insurance	
Customer Signature	Print Customer Name	Date	9	
Co-Customer Signature	Print Co-Customer Name	Date	9	
The Corporation hereby consents to the contained in:	above assignment subject to all	the provisions, terms co	nditions and stipulations	
A) The Contract of Insurance unde	er which the indemnity arises.			
	nce Act, the Agricultural Safety N d any other relevant provincial le	_	ns made there under as they	
It is the responsibility of the contract ho holder's crop insurance contract with th		nee of any changes in the	status of the contract	
The consent of the Corporation is subje Corporation whether before or after the customer.	-			
The Saskatchewan Crop Insurance Corporation on the program offered by SCIC, and pursuant to of your information unless otherwise required by lindefinitely in accordance with The Archives and e-mail at privacy@scic.ca or call 306-728-7200.	The Freedom of Information and Protect aw or for the purpose of programs offered	ion of Privacy and regulations, by SCIC. SCIC will secure you	SCIC will not share or disclose any r information and may archive it	
			Head office Use Only	
Approval Date	For Saskatchewan Crop Insura	ance Corporation		
			ASSIGNMENT PRIORITY	

Please have the assignee forward the completed assignment form to Saskatchewan Crop Insurance Corporation by fax at (306)728-7219, email at collections@scic.ca or mail to Box 3000, Melville, SK, SOA 2P0



