

ASSIGNMENT OF INDEMNITY

Contract Number: 123456-7	Customer Name:	Customer, The			
Address: PO Box 99		Town / City:	Anywhere		
Province: Saskatchewan		Postal Code:	SOK 0P0		
For value received, I/We herby transfer, ass	ign and set over un	to:			
Assignee Name: TD Canada Trust					
Address: 123 Central Avenue		Town / City:	The City		
Province: Saskatchewan Posta	Il Code: 59A 9X9	Brancl	n Phone Number: 30	06-123-1010	
Email Address: tdcantrust@sasktel.net					
All my right, title and interest to all benefits f except establishment indemnities, applicab Insurance Corporation, up to the amount of	le to the 20XX	_ crop year as det	Saskatchewan Crop cermined by the Sas or total indemnity pu	skatchewan Crop	
stomer Name Customer Name			March 31. 20XX		
Customer Signature	Print Customer Name		Date		
Co-Customer Signature Print Co-Custo		er Name	Date	Date	
The Corporation hereby consents to the above a	ssignment subject to	all the provisions, term	ns, conditions and stip	oulations contained in:	
A) The Contract of Insurance under which the in	ndemnity arises.				
B) The Saskatchewan Crop Insurance Act, the a exist from time to time, and any other relevan			ons made thereunder	as they may	
It is the responsibility of the contract holder/assignsurance contract with the Corporation.	nor to inform the assi	gnee of any changes	in the status of the co	ntract holder's crop	
The consent of the Corporation is subject to the obefore or after the date of the assignment from a				the Corporation whether	
				Head Office Use Only	
Approval Date	For Saskatchewan				

Please have the assignee forward the completed assignment form to Saskatchewan Crop Insurance Corporation by fax at (306) 728-0039 or mail to: Box 3000, Melville, SK, S0A 2P0.



