

## ASSIGNMENT OF INDEMNITY

| Contract Number:   |  | Cus                                  | tomer Name:   |   |  |
|--|--|--------------------------------------|---|---|--|
| Address:   |  | Tow                                  | n / City:   |   |  |
| Province:  |  | Pos                                  | tal Code:   |   |  |
| For value rec  | eived, I/We herby transfer, a                                | assign and set over unto:            |   |   |  |
| Assignee Na  | me:  |                                      |   |   |  |
| Address:   |  |                                      | Town / City:  |   |  |
| Province:  |  | Postal Code:                         | Branch Phone Num  | ranch Phone Number:                       |  |
| Email Addres   | SS:  |                                      |   |   |  |
| establishmen   | t indemnities, applicable to t                               | he crop                              | nistered by the Saskatchewan Cro<br>by year as determined by the Saska<br>(For total indemnity put \$9,99   | tchewan Crop Insurance                    |  |
| Customer Signature   |  | Print Customer Name                  | D   | ate                                       |  |
| Co-Customer Signature  |  | Print Co-Customer Name               |   | ate                                       |  |
| The Corporat   | tion hereby consents to the a                                | above assignment subject             | to all the provisions, terms condition  | ons and stipulations contained in:        |  |
| A)   | The Contract of Insurance u                                  | under which the indemnity            | arises.   |   |  |
| B) The Saskatchewan Crop Insurance Act, the Agricultural Safety Net Act, and the regulations made thereunder as they may exist from time to time, and any other relevant provincial legislation. |  |                                      |   |   |  |
|  | onsibility of the contract hold ntract with the Corporation. | er/assignor to inform the a          | ssignee of any changes in the sta   | rus of the contract holder's crop         |  |
|  |  |                                      | covering any monies owing by the ity that may become payable to the   |   |  |
| and pursuant to posecure your inform   | rovincial legislation and regulations, SC                    | IC will not share or disclose any of | nal information and the privacy surrounding it. It your information unless otherwise required by I or all privacy concerns, please contact SCIC's F | aw or programs offered by SCIC. SCIC will |  |
|  |  |                                      |   | Head office Use Only                      |  |
| Approval Date  |  | For Saskatchewan Cro                 | op Insurance 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 <a href="mailto:collections@scic.ca">collections@scic.ca</a> or mail to Box 3000, Melville, SK, S0A 2P0





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