

Directions - Power of Attorney



POWER OF ATTORNEY

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID

Customer Name: **Contract Name**

Customer's

KNOW ALL MEN BY THESE PRESENTS THAT I/WE of the town/city of town or city of residence

in the Province of Saskatchewan, DO HEREBY make, nominate, constitute and appoint **Person you want as power of attorney** of POA town/city of residence Saskatchewan to be my/our true and lawful Attorney for the powers and for the purposes as specified and limited herein in relation to any and all aspects of my/our contract of crop insurance with the Saskatchewan Crop Insurance Corporation;

I/WE for all and every of the purposes aforesaid **DO HEREBY GRANT AND GIVE** unto my/our said Attorney full and absolute power and authority to do and execute all acts, deeds, matters and things necessary to be done to process and administer my contract of crop insurance and to calculate, pay or receive any liability, premiums or benefits due pursuant to the provisions of that contract; with the specific exceptions of executing the Contract Application, Assignment of Indemnity, Contract Name Change, Contract Reinstatement, Request for Change to Contract, substitution of attorney or documents required to terminate my/our contract as amended from time to time; on my/our behalf, as fully and effectually and to all intents and purposes as I/we could do if I/we was/were personally present and acting therein.

I/WE also hereby ratify and confirm and agree to ratify and confirm all acts and deeds done by my/our Attorney or which my/our Attorney may lawfully do or cause to be done in respect to the aforesaid purposes.

I/WE hereby expressly acknowledge that I/WE have read this Power of Attorney and understand and am/are cognizant of the consequences and ramification of the powers and authority granted by this Power of Attorney.

THIS POWER OF ATTORNEY shall be and remain in full force and effect until notice, in writing, of its revocation shall have been given to and actually received by the Saskatchewan Crop Insurance Corporation. Further, pursuant to **The Power of Attorney Act, 2002, S.S. 2002** c.P 20.3 the powers herein granted to my/our Attorney shall continue notwithstanding any mental infirmity on my/our part.

(A) IN WITNESS WHEREOF I/WE have hereunto set my/our hand and seal this _____ day of _____, 20____.

SIGNED, SEALED & DELIVERED in the presence of:) Power of Attorney Demographics

(B) Signature - Witness) (C) Signature - Power of Attorney

[Non Family]
[Member]

WITNESS) Signature

(D) Signature - Contract Holder) Name - Power of Attorney

Signature - Contract Holder) Name (print) Home Phone

Name - Contract Holder) Business Phone Fax

Name - Contract Holder) Cell Phone

Signature - Contract Holder) Relationship to Contract Holder

Signature - Contract Holder) Relationship

Name - Contract Holder)

Name - Contract Holder)

CANADA)
PROVINCE OF SASKATCHEWAN)
TO WIT)

AFFIDAVIT OF EXECUTION

I, (B) Name - Witness of the city/town of Witness's city/town in the Province of Saskatchewan, MAKE OATH AND SAY AS FOLLOWS:

- THAT I was personally present and did see (D) Name - Customer, named in the within instrument, who is personally known to me to be the person named therein, duly sign, seal and execute the same for the purposes stated thereon.
- THAT the said instrument was executed at the town/city of Customer's town/city, in the Province of Saskatchewan, and I am the subscribing witness thereto.
- THAT I know the said (D) Name - Customer and (C) Name - Power of Attorney and both are in my belief of the full age of eighteen (18) years or more.

SWORN before me at the town/city of Name - town/city in the Province of Saskatchewan, this _____ day of _____, 20____

(E) Signature - Commissioner for Oaths
A COMMISSIONER FOR OATHS in and for the Province of Saskatchewan.

(B) Signature - Witness
WITNESS

(F) My Commission Expires: _____