

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID
1234567	2021	216			5-Jan-21	

Customer Name John Boy Walton

THE UNDERSIGNED, (in addition to any rights, obligations, consents or authorizations contained within the statutory contract of crop insurance attached as Appendix "A: to The Crop Insurance Regulations as amended from time to time), by executing this Authorization hereby consents to and authorizes Saskatchewan Crop Insurance, its successors or assigns to:

- Obtain, gather, update and collate any information respecting the agricultural operations of the undersigned and
- Release or disclose any information within its possession, power or control pertaining to Crop Insurance contract number listed above including, but not limited to, any and all information Crop Insurance may have with respect to the agriculture operations of the undersigned listed below.

SECTION 1 - Personal Information

This information is for my personal use and will remain in effect until expressly cancelled in writing by the undersigned. This information can be sent to the following fax number and email address:

Fax: _____ Email: _____

SECTION 2 - Third Party Information

Name of individual, organization or institution to which information may be disclosed and a fax number or email address the undersigned wishes information to be sent to.

Name: Walton Mountain Accounting Company

Fax: 306 555-5555 Email: waltonmountain@gmail.com

THE UNDERSIGNED expressly acknowledges and agrees that this authorization is:

<input type="checkbox"/>	For crop year	<input type="text"/>
<input type="checkbox"/>	Specific information	<input type="text"/>
<input checked="" type="checkbox"/>	Continuous and will remain in effect until expressly cancelled in writing by the undersigned.	
<input type="checkbox"/>	Expiry date of	<input type="text"/> unless otherwise revoked by the undersigned.

Declaration:

By signing below, THE UNDERSIGNED understands that transmitting personal information via fax or email is not a secured method of transport. By completing, signing and sending the "Authorization for Release of Information" form back to Saskatchewan Crop Insurance Corporation, the undersigned will indemnify and hold harmless SCIC for any breaches that may result.

Individual Joint Venture Partnership Ltd. Company Co-operative

I am acting on behalf of the parties involved in the above listed contract.

By: John Boy Walton
Participant of Contract (Print Name)

J.B. Walton 5-Jan-21
Signature Field Date

Relationship

By:
Participant of Contract (Print Name)

Signature Field Date

Relationship

By:
Participant of Contract (Print Name)

Signature Field Date

Relationship

By:
Participant of Contract (Print Name)

Signature Field Date

Relationship

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to provincial legislation and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance to The Archives Act. For all privacy concerns, please contact SCIC's Privacy & Security Manager by e-mail at security@scic.ca or phone 306-728-7200.