

| Contract Number | Crop Year | Home RM | Ver | Page | Date | Form ID | Crop | Code |
|-----------------|-----------|---------|-----|--------|------|---------|------|------|
| | | | | 1 of 1 | | YLTH910 | | |

Name _____ Telephone Number(s) _____

Address _____ Home Quarter _____

City _____ Prov _____ Postal Code _____ Power of Attorney _____

| Contact Information | Local Number | Toll-Free Number | Fax Number |
|--|--------------|------------------|------------|
| www.scic.ca | | | |

| Year | Forage Zone | Number of Bales | Bale Weights | Total Production (KG) | Seeded Acres | | |
|------|-------------|-----------------|--------------|-----------------------|--------------|----------|-------|
| | | | | | <=8 Years | >8 Years | Total |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*The annual yield information must be returned by May 31st of this year to have your long term individual yield recalculated for this year.

Method 4 Volunteer Yields

I/We certify the above to be true and correct and is subject to the Crop Insurance Contract of Insurance. I/We are aware that to make a false statement is an offence.

 SCIC Representative Signature Customer Signature Date

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 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 Manager by e-mail at securityofficer@scic.ca or phone at 306-728-7200.

YLDHISWTH0224-3/INS