

ASSIGNMENT OF INDEMNITY

| Contract Number: | Customer Name | : | |
|---|--|--|--|
| Address: | Town / City: | | |
| Province: | Postal Code: | | |
| For value received, I/We herby transfer, assign | gn and set over unto: | | |
| Assignee Name: | | | |
| Address: | | Town / City: | |
| Province: Postal Code: | | Branch Phone Number: | |
| Email Address: | | | |
| All my right, title and interest to all benefits from establishment indemnities, applicable to the Corporation, up to the amount of \$ | crop year as det | ermined by the Saskatch | ewan Crop Insurance |
| Customer Signature Print Customer Name | | Date | |
| Co-Customer Signature The Corporation hereby consents to the above | Print Co-Customer Name | Date | |
| A) The Contract of Insurance under B) The Saskatchewan Crop Insura | | t Act, and the regulations | |
| It is the responsibility of the contract holder/a insurance contract with the Corporation. | ssignor to inform the assignee of a | ny changes in the status | of the contract holder's crop |
| The consent of the Corporation is subject to whether before or after the date of the assign | | | |
| The Saskatchewan Crop Insurance Corporation (SCIC) recog SCIC, and pursuant to The Freedom of Information and Protector for the purpose of programs offered by SCIC. SCIC will see Act. For all privacy concerns, please contact SCIC's Privacy M | ction of Privacy and regulations, SCIC will not shure your information and may archive it indefinite | are or disclose any of your informately in accordance with The Archive | ation unless otherwise required by law |
| | | | Head office Use Only |
| Approval Date | For Saskatchewan Crop Insurance | e 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 collections@scic.ca or mail to Box 3000, Melville, SK, S0A 2P0



