

Alberta Assignment of Indemnity Form – WLP

Identification Number	Subscription		Year
8 7 0	-		

Client Information
Business Name

This Assignment covers only the Western Livestock Price Insurance Program.
For valuable consideration, the Insured hereby assigns to _____ Name of Assignee
Of _____ Complete Mailing Address
Postal Code _____
an undivided 100% of all monies up to an amount of \$ _____ which may be payable by the Program Administrator as a result of a payable loss on the Identification and Subscription numbers as entered above.
This assignment is subject to section 55.1 of the <i>Agriculture Financial Services Act</i> and section 95 of the <i>Financial Administration Act</i> (Alberta). The Program Administrator is not bound by this assignment unless the assignment has been consented to by an acknowledgement in writing from the Program Administrator. The Insured understands that indemnity cheques, up to the amount stated in this Assignment of Indemnity, will be made payable to the assignee and forwarded directly to the assignee. This assignment is subject to the deduction of any monies which may be owing to Agriculture Financial Services Corporation.

Signature. Return this completed document to your local WLP office.
Dated at _____ in the Province of Alberta this the _____ day of _____ 20____ City or Town Date Month Year
Client _____ Signature _____ Witness _____ Signature _____
Client (Printed Name) _____ Witness (Printed Name) _____

Office Use Only - Consent and Acknowledgement
The Program Administrator consents to the above assignment, subject to the deduction of any monies which may be owing to Agriculture Financial Services Corporation.
Dated in Lacombe, Alberta this _____ day of _____, 20____
Signed by: _____ for Agriculture Financial Services Corporation

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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The personal information on this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the WLP Client Contact Centre, 5718 56th Avenue, Lacombe AB T4L 1B1, 1.844.782.5747.