

## ADVANCE RATES FOR COMMODITIES

Advance rates are effective April 1, 2025, but are subject to change during the applicable production period.

Go to [www.feederassoc.com](http://www.feederassoc.com) or call 1-844-333-3377 to obtain the most recent advance rates.

FIELD CROPS	ALBERTA RATE/MT	SASKATCHEWAN RATE/MT	CATTLE	ALBERTA RATE/HEAD	SASKATCHEWAN RATE/HEAD
Barley	\$125.91	116.22	Calf Feeder 400-700 lbs	\$1,366.31	\$1,365.10
Barley - Feed	\$121.06	\$106.54	Feeder 700-900 lbs	\$1,371.40	\$1,363.65
Canola	\$285.71	\$285.71	Finished under 1250 lbs	\$1,332.66	\$1,317.16
Chickpeas - Desi	\$309.92	\$309.92	Finished over 1250 lbs	\$1,735.55	\$1,715.21
Chickpeas - Kabuli	\$384.49	\$384.49	Bull Breeding Mature	\$3,002.35	\$3,002.35
Corn	\$3.15/Bushel	\$2.62/Bushel	Bull Breeding Yearling	\$2,808.65	\$2,808.65
Corn - Feed	\$125.91	\$101.69	Cow Mature has Calved	\$1,598.03	\$1,598.03
Durum	\$145.28	\$145.28	Heifer Bred	\$1,573.81	\$1,573.81
Faba beans	\$145.28	\$145.28	Heifer Calf	\$1,089.56	\$1,089.56
Flax	\$290.55	\$290.55	<b>SHEEP</b>	<b>ALBERTA RATE/HEAD</b>	<b>SASKATCHEWAN RATE/HEAD</b>
Lentils	\$319.61	\$319.61			
Mustard	\$319.61	\$319.61	Lambs 61-79 lbs	\$90.07	\$90.07
Oats	\$125.91	\$106.54	Lambs 80-109 lbs	\$113.80	\$113.80
Peas - Dry	\$151.09	\$151.09	Lambs over 110 lbs	\$141.40	\$141.40
Rye - Fall	\$113.80	\$113.80	Ewe and Yearling Ewe	\$267.06	\$267.06
Rye - Spring	\$87.17	\$87.17	Ram Breeding	\$398.78	\$398.78
Soybeans	\$224.69	\$224.69			
Triticale	\$87.17	\$87.17			
Wheat	\$135.59	\$135.59			
Wheat - Feed	\$106.54	\$106.54			
Wheat - Winter	\$125.91	\$125.91			
<b>FORAGE/HAY</b>	<b>ALBERTA RATE/MT</b>	<b>SASKATCHEWAN RATE/MT</b>			
Alfalfa	\$96.85	\$96.85			
Hay	\$77.48	\$77.48			
<b>GRASS SEED</b>	<b>ALBERTA RATE/LB</b>				
Alfalfa	\$0.68				
Brome - Smooth	\$0.97				
Clover - Alsike	\$0.58				
Clover - S.C. Red	\$0.53				
Fescue - Creeping Red	\$0.58				
Fescue - Sheeps	\$0.53				
Timothy	\$0.34				

The personal and/or business information submitted on this form is collected under the authority of Section 10 of the *Agricultural Marketing Programs Act*. Any personal information collected by the Administrator will be used to administer the program in accordance with the *Personal Information Protection and Electronic Documents Act* (PIPEDA) or under legislation applicable within their jurisdiction. Any personal and/or business information may be disclosed to Agriculture and Agri-Food Canada (AAFC) and will be used to administer the program in accordance with the *Privacy Act* and *Access to Information Act*. The information may be used for the purposes consented to in the Declaration.

Individuals have the right to request access to and correction of their personal information. Should you have any questions concerning your information and privacy, please contact: Agriculture and Agri-Food Canada's Access to Information and Privacy Director, Floor 10, 1341 Baseline Road, Tower 7, Ottawa ON K1A 0C5 or by email at [AAFC.Privacy-vieprivée.AAC@AGR.GC.CA](mailto:AAFC.Privacy-vieprivée.AAC@AGR.GC.CA) and reference AAFC's personal information bank *Agricultural Marketing Programs Act: Advance Payments Program, PPU 140*.

## ADVANCE PAYMENTS PROGRAM (APP) ADVANCE WORKSHEETS FOR LIVESTOCK LPI OPTION

### 2.0 APPLICATION: ADVANCE INFO - LIVESTOCK WITH LPI

<b>Producer Name:</b>	<b>APP ID:</b>
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#### INSTRUCTIONS:

**Use this Application for advances on Livestock pledging the Livestock Price Insurance (LPI) as security under the APP.**

#### General

- ✓ Advances should only be issued on Livestock that the Producer expects to be marketed by the end of the Production Period.
- ✓ Use the Administrator's Advance Rate(s) for the calculation of this worksheet.
- ✓ The Producer must not have more than **one million dollars (\$1,000,000)** in outstanding Advances, including as a result of the overlap between Program Years and amounts issued to Related Producers.
- ✓ The interest-free Advances are limited to the first **two hundred fifty thousand dollars (\$250,000)** issued per Program Year and will be limited by other interest-free amounts issued to the Producer and/or other Related Producers.
- ✓ Advance amounts issued above the first **two hundred fifty thousand dollars (\$250,000)** issued in a Program Year shall be interest-bearing.

#### Security

- ✓ The producer must grant a continuing security interest in the Agricultural Product(s) used to obtain the Advance, and in any Agricultural Product(s) produced in a subsequent Production Period by the Producer and all proceeds of such, to the Administrator to secure the APP Advance.
- ✓ Attach the LPI Statement(s) of Coverage and Premium to this Application. A completed copy of this Application must be maintained in the Producer's file with appropriate documentation confirming LPI participation.
- ✓ The Producer must maintain **continuous** LPI coverage, which may require one or more LPI contracts, until the advance has been repaid in full.
- ✓ The Advance may be limited by the value of the security. As such, the Producer may be eligible to receive an Advance for up to the lesser of the amounts calculated in Section 2.1 or Section 2.2 of the Application.

#### Default

Failure to comply with this Repayment Agreement, including, but not limited to the full repayment by the end of the applicable Production Period, will result in the account being declared in default.

The full impact of a default is detailed in section 6.0 Default and subsection 4.4 Interest Rate of the Repayment Agreement and is summarized below:

- ✓ The interest-free benefit is lost;
- ✓ Default interest is charged at the Prime Rate plus one percent (Prime +1%) on the amount of the outstanding balance from the date the Advance was issued to the date the Producer was declared in default;
- ✓ Default interest is charged at the Prime Rate plus two percent (Prime +2%) on the amount of the outstanding Producer's liability from the date of default until the Advance, interest and all costs of collection are repaid in full;
- ✓ A one time Default Management Fee of three per cent (3.00%) to a maximum of six thousand dollars (\$6,000.00) on the defaulted advance is charged within forty-five (45) days of default; and Defaulted producers could face an ineligibility period. Refer to subsection 9.5 of the Repayment Agreement for details.

#### For CONTINUOUS FLOW OPERATIONS

- ✓ LPI **CANNOT** be used as security for APP Advances to Continuous Flow Operations.

**ADVANCE PAYMENTS PROGRAM (APP)  
ADVANCE WORKSHEETS FOR LIVESTOCK LPI OPTION**

**2.1 LIVESTOCK INVENTORY**

**CATTLE**

Number of Cows to Calve this Year: \_\_\_\_\_

Description	Quantity on Hand	Weight	Total Value (\$)

Legal Land Locations of Livestock

**2.2 ELIGIBLE ADVANCE BASED ON LIVESTOCK INVENTORY**

Commodity	Unit of Measure (head) (1)	Advance Rate (2)	Quantity (3)	Eligible Advance (1) x (2) x (3)
Eligible Advance Under APP				A

**2.3 LPI INFORMATION**

The Maximum Eligible Advance will be limited by the coverage under the LPI program.

Commodity	Invoice No.	Expiry Date	Insured Index (price/cwt) (4)	Insured Weight (cwt) (5)	Insured Market Value (4) x (5)
Total Market Value Insured With LPI					B
Eligible Advance Under LPI (B x 50%)					C

**2.4 DETERMINATION OF MAXIMUM ELIGIBLE ADVANCE AMOUNT:**

Maximum Eligible Advance (enter lesser of A or C from above)	D	
Amount of APP Advance Requested by Producer	E	
APP Advance Issued to Producer (no more than the lesser of D or E)	F	

**ADVANCE PAYMENTS PROGRAM (APP)  
ADVANCE WORKSHEETS FOR LIVESTOCK LPI OPTION**

**2.5 OTHER ADVANCES**

<b>2024 APP Outstanding Advances owing to WeCAP (all categories)</b>	\$
<b>2024 APP Outstanding Advances owing to Other Administrators (all categories)</b>	\$
<b>2025 APP Outstanding Advances owing to WeCAP (all categories)</b>	\$
<b>2025 APP Outstanding Advances owing to Other Administrators (all categories)</b>	\$
<b>Total</b>	\$

**2.6 AGREEMENT AND DECLARATION**

I/We understand and agree that this Worksheet will be part of my Advance Payments Program Application and Repayment Agreement for 2025/2027 with the Administrator. I hereby declare that the information provided above is complete and correct and that I am not in Default of the APP with the Administrator or any Other Administrators.

By signing this Repayment Agreement, the Producer agrees:

- To maintain **continuous LPI coverage** for this Advance, until the Advance has been repaid in full.
- To notify the Administrator of their intent to renew their LPI contract at least **ten (10) calendar days** prior to the expiration of the LPI contract.
- To fully repay the Advance or provide to this Administrator an alternative security to fully cover the amount of the Advance within **sixty (60) calendar days** of the LPI contract's expiry date.

I/We hereby declare that the information provided above is complete and correct.

I/We certify that the information provided is true, and that the information is given for the purpose of assuring the administrator as to the ownership, condition, location, and value of the said goods and/or livestock for the purposes of obtaining an advance under the Advance Payment Program (APP) from Western Cash Advance Program Inc. (WeCAP).

I/We certify that I/We maintain multi-peril insurance coverage on our farming operation which includes the entire Eligible Agricultural Product for which all Advances are made under APP. This coverage must be enough to cover the full extent of the Advances until the Producer's liability is repaid with wecap and APP. If Eligible Agricultural Product is stored off-farm at a commercial facility, the Producer acknowledges that the commercial facility has such insurance.

I/We do certify that I am/we are the owner of the above-mentioned goods and/or livestock; that all of them are now in my/our possession.

I/We certify that the goods and/or livestock dedicated to wecap and APP are free from any mortgage, lien or charge except any security held by your administrator and except as set out above, and that there are no judgments or executions against me/us except as set out hereunder: All the said goods, livestock, or both, charged, mortgaged, assigned, or any and all, to wecap as security for advances made to me/us are now situated on or about the premises provided in this document.

<b>Signature of Producer or Authorized Officer</b>	<b>Date</b>
<b>Printed Name</b>	<b>Title</b>

<b>WeCAP Use Only</b>	<b>APP ID</b>	
	<b>Advance Amount Approved by Administrator</b>	\$
	<b>Administrator Signature</b>	
	<b>Date</b>	

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**ADVANCE PAYMENTS PROGRAM (APP)**  
**ADVANCE WORKSHEETS FOR LIVESTOCK LPI OPTION**  
**APPLICATION CHECK LIST**

Please confirm that the following items have been completed or acquired to submit with your application.

- ✓ Completed main application for Sole Proprietor or Partnership/Corporation
- ✓ Valid Government Identification for all applicants
- ✓ A void cheque for direct deposit (optional - without this information, funds will be mailed)
- ✓ All signature boxes signed
- ✓ Priority Agreements from banks, financial institutions, lenders, and others to with a security interest in the commodity used for WeCAP
- ✓ A copy of your LPI Premium Invoice and Schedule
- ✓ Saskatchewan residents signed Waiver of Exemption Protection

**Additional Information Required for Corporations**

- ✓ Personal/Corporate Guarantees
- ✓ Certificate of Incorporation and/or Certificate of Continuance (held on file for existing customers)
- ✓ The most recent Annual Corporate Return confirming all shareholder and director ownership percentage.

**Required Signed Documents (Supplied in this worksheet package)**

- ✓ LPI Assignment – 2 pages (Alberta)
- ✓ LPI Third Party Consent (Alberta)
- ✓ LPI Assignment (Saskatchewan)
- ✓ LPI Authority Form (Saskatchewan)

**Total Requested Advances (complete all applicable categories)**

Advance Worksheet for Agricultural Product in Production: Spring Advance for Field Crops, Forage, Hay, Grass Seeds	\$ _____
Advance Worksheet for Agricultural Product in Post-Production: Post Harvest/Fall Advance for Field Crops, Forage, Hay, Grass Seeds (Storable)	\$ _____
Advance Worksheet for Livestock Advance: Livestock Price Insurance (LPI Option) OR Advance Worksheet for a Livestock Advance: LPI Renewal	\$ _____
Advance Worksheet for Livestock Advance: AgriStability Option OR Advance Worksheet for Livestock Advance: AgriStability Option Renewal	\$ _____
 Total Advance Requested by the Producer	 \$ _____

Identification Number	Subscription		Year
8 7 0 _____	- _____		_____

Client Information
Business Name _____

This Assignment covers only Livestock Price Insurance.
<p>For valuable consideration, the Insured hereby assigns to _____  <small style="margin-left: 500px;">Name of Assignee</small></p> <p>Of _____  <small style="margin-left: 100px;">Address</small> <small style="margin-left: 300px;">City or Town</small> <small style="margin-left: 100px;">Province</small> <small style="margin-left: 50px;">Postal Code</small></p> <p>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.</p> <p>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.</p>

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Identification Number	Subscription		Year
8 7 0 _____	- _____		

**Freedom of Information and Protection of Privacy Act and Client Declaration**

The information on this form and any information you provide to us in the future related to this form is collected under the authority of the Agriculture Financial Services Act and the Freedom of Information and Protection of Privacy Act (the FOIP Act). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/ or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By signing this form below, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: Alberta Agriculture and Forestry, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; and (iii) AFSC, federal, and provincial policy and program evaluation; (iv) for research and statistical development; and (v) for statistical purposes.

**Cheques and correspondence will be sent to the “Client” shown as the Business Name.**

I/we undertake to immediately notify the Local LPI Office in writing if I/we discover that any of the information contained in this application is inaccurate or untrue.

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Service Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

**Signature. Return this completed document to your local LPI 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) \_\_\_\_\_

## Third Party Representative Authorization

Identification Number			Year
870 _____			_____

<b>Client Information</b>
Business Name _____

<b>Part 1: Who is receiving authorization? (one per form)</b>
Name of person or business _____
Address _____
Email _____
Office Phone Number _____ Cell _____ Fax _____

<b>Part 2: Select the AFSC product line(s) that you are authorizing the Third Party Representative to access.</b>				
<input type="checkbox"/> AgriInvest	<input type="checkbox"/> AgriStability	<input type="checkbox"/> Insurance	<input type="checkbox"/> Lending	<input type="checkbox"/> Livestock Price Insurance

<b>Consent Statement and Client Declaration</b>
<p>I understand that:</p> <ul style="list-style-type: none"> <li>The Third Party Representative has authority to engage with AFSC on my behalf in the following ways: they can view, receive and submit all information for the selected product line(s), and complete transactions online.</li> <li>The Third Party Representative is not permitted to: cancel contracts, update my personal information or banking information.</li> <li>This authorization does not override the terms and conditions of the program or product the client has agreed to with AFSC.</li> </ul> <p>It is my responsibility to contact AFSC and terminate this authorization if for any reason I no longer want the person/business named in Part 1 to access my information.</p> <p>By signing this form, you authorize the Third Party Representative identified in Part 1 for the product line(s) selected in Part 2 to engage with AFSC on your behalf and AFSC to engage with the authorized Third Party Representative.</p> <p>Print Name _____</p> <p>Client Signature _____ Date _____</p>

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Identification Number	Subscription		Year
8 7 0 _____	- _____		

Client Information
Business Name _____ Business Address _____ Contact Person (Must be a Client, or Shareholder of the company) _____

This Assignment covers only Livestock Price Insurance.
For valuable consideration, the Insured hereby assigns to _____ <div style="text-align: right; margin-left: 400px;">Name of Assignee</div> Of _____ <div style="text-align: center; margin-left: 150px;">Complete Mailing Address</div> <div style="text-align: right; margin-left: 250px;">Postal Code _____</div> <p>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.</p> <p>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.</p>

Signature
Dated at _____ in the Province of Saskatchewan this the _____ day of _____, 20____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>City or Town</span> <span>Date</span> <span>Month</span> <span>Year</span> </div> Client _____      Witness _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Signature</span> <span>Signature</span> </div> Client (Printed Name) _____      Witness (Printed Name) _____

Office Use Only - Consent and Acknowledgement
Dated in Lacombe, Alberta this _____ day of _____, 20____ Signed by: _____ for Agriculture Financial Services Corporation

Do Not Use This Area	Date Stamp	Do Not Use This Area
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Saskatchewan Crop Insurance Corporation (SCIC) recognizes the sensitivity of your personal information. Any personal information given to SCIC for the purpose of the Livestock Price Insurance Program will be shared with the province of Alberta for the purpose of administering the Program. SCIC and Alberta will secure your information in accordance with the *Freedom of Information and Protection of Privacy Act*, the *Personal Information and Protection of Electronic Documents Act*, *The Saskatchewan Crop Insurance Corporation Act*, and other applicable Saskatchewan statutes, regulations and SCIC privacy policies. You agree that SCIC and Alberta may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to *The Archives Act*. For all privacy concerns related to this program, please contact SCIC's Privacy & Security Manager at 306.728.7200 or email [securityofficer@scic.gov.sk.ca](mailto:securityofficer@scic.gov.sk.ca)

Identification Number			Year
8 7 0 _____			_____

<b>Client Information</b>
Business Name _____
Business Address _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Designate what ability you want the business listed below to have:	
<input type="checkbox"/> <b>Authorized Representative</b> (can act on behalf of livestock owner, through livestock owner's account)	<input type="checkbox"/> <b>Person to Receive Information</b> (may only receive information, not conduct business on behalf of livestock owner)
Representative's Full Name: _____	
Representative's Address: _____ _____	
Phone Number: _____	
I agree to the terms and conditions of the Contract of Insurance and hereby appoint the party named above to act on my behalf in the Livestock Price Insurance Program. I agree that I will not insure the same livestock through myself or another Authorized Representative and I am aware that I may be audited according to the terms and conditions of the Contract of Insurance. This authorization once provided to and accepted by the Insurer remains in effect until I inform the Insurer otherwise in writing.	
Signature of Insured: _____ Date: _____	

Do Not Use This Area	Date Stamp	Do Not Use This Area
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