

Box 3000
 484 Prince William Drive
 Melville, Saskatchewan
 S0A 2P0
 www.saskcropinsurance.com

Contract Number _____ - _____

Customer Name(s) (Please Print)

Address

Town/City

Province

Postal Code

_____ - _____

For value received, I/We hereby transfer, assign and set over unto:

Assignee Name (This will be the payee on all assignment cheques issued for this assignment.)

Address

Town/City

Province

Postal Code

Branch Phone Number

All my right, title and interest to all benefits from any program administered by the Saskatchewan Crop Insurance Corporation, except establishment indemnities, applicable to the 20_____ crop year as determined by the Saskatchewan Crop Insurance Corporation, up to the amount of \$ _____ (For total indemnity put a "9" in all spaces.)

 Witnessed By

 Print Witness Name

 Witnessed By

 Print Witness Name

 Customer Signature

 Print Customer Name

 Co-Customer Signature

 Print Co-Customer Name

 Date

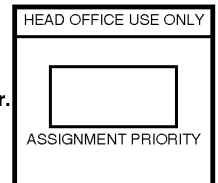
 Date

The Corporation hereby consents to the above assignment subject to all the provisions, terms, conditions and stipulations contained in:

- A) The Contract Of Insurance under which the indemnity arises.
- B) The Saskatchewan Crop Insurance Act, the Agricultural Safety Net Act, and the regulations made thereunder as they may exist from time to time, and any other relevant provincial legislation.

It is the responsibility of the contract holder/assignor to inform the assignee of any changes in the status of the contract holder's crop insurance contract with the corporation.

The consent of the Corporation is subject to the Corporation first recovering any monies owing by the customer to the Corporation whether before or after the date of the assignment from any indemnity that may become payable to the customer.



 Approval Date

 For Saskatchewan Crop Insurance Corporation

- Upon approval, this assignment will be recorded and a copy forwarded to the assignee and customer.
 - The Corporation requires two copies with original signatures.