

Contract Number	Crop Year	Home FM	Ver	Page	Date	Print ID
456789	20XX	001			20 MAR XX	

Customer Name: James Customer

KNOW ALL MEN BY THESE PRESENTS THAT I/WE of the TOWN of NAME OF TOWN in the Province of Saskatchewan, DO HEREBY make, nominate, constitute and appoint POA NAME of TOWN, Saskatchewan to be my/our true and lawful Attorney for the powers and for the purposes as specified and limited herein in relation to any and all aspects of my/our contract of crop insurance with the Saskatchewan Crop Insurance Corporation;

I/WE for all and every of the purposes aforesaid DO HEREBY GRANT AND GIVE unto my/our said Attorney full and absolute power and authority to do and execute all acts, deeds, matters and things necessary to be done to process and administer my contract of crop insurance and to calculate, pay or receive any liability, premiums or benefits due pursuant to the provisions of that contract, with the specific exceptions of executing the Contract Application, Assignment of Indemnity, Contract Name Change, Contract Reinstatement, Request for Change to Contract, substitution of attorney or documents required to terminate my/our contract as amended from time to time; on my/our behalf, as fully and effectually and to all intents and purposes as I/we could do if I/we was/were personally present and acting therein.

I/WE also hereby ratify and confirm and agree to ratify and confirm all acts and deeds done by my/our Attorney or which my/our Attorney may lawfully do or cause to be done in respect to the aforesaid purposes.

I/WE hereby expressly acknowledge that I/WE have read this Power of Attorney and understand and am/are cognizant of the consequences and ramifications of the powers and authority granted by this Power of Attorney.

THIS POWER OF ATTORNEY shall be and remain in full force and effect until notice, in writing, of its revocation shall have been given to and actually received by the Saskatchewan Crop Insurance Corporation. Further, pursuant to The Power of Attorney Act, 2002, S.S. 2002 c.P 20.3 the powers herein granted to my/our Attorney shall continue notwithstanding any mental infirmity on my/our part.

I/WE IN WITNESS WHEREOF I/WE have hereunto set my/our hand and seal this 20 day of MARCH, 20XX.

SIGNED, SEALED & DELIVERED in the presence of:  
Witness Signature  
 WITNESS  
Contract Holder Signature  
 Signature - Contract Holder  
James Customer  
 Name - Contract Holder  
 Signature - Contract Holder  
 Name - Contract Holder

Power of Attorney Demographics  
POA Signature  
 Signature  
POA NAME 306-728-1111  
 Name (print) Home Phone  
306-728-2222 306-728-3333  
 Business Phone Fax  
306-728-4444  
 Cell Phone  
Brother  
 Relationship

CANADA )  
 PROVINCE OF SASKATCHEWAN )  
 TO WIT )

**AFFIDAVIT OF EXECUTION**

I, Witness NAME of the TOWN of TOWN NAME in the Province of Saskatchewan, MAKE OATH AND SAY AS FOLLOWS:

- THAT I was personally present and did see Contract Holder NAME, named in the within Instrument, who is personally known to me to be the person named therein, duly sign, seal and execute the same for the purposes stated thereon.
- THAT the said Instrument was executed at the CITY of REGINA, in the Province of Saskatchewan, and I am the subscribing witness thereto.
- THAT I know the said Contract Holder NAME and POA NAME and both are in my belief of the full age of eighteen (18) years or more.

SWORN before me at the TOWN of NAME OF TOWN in the Province of Saskatchewan, this 20 day of MARCH, 20XX  
Commissioner Signature  
 A COMMISSIONER FOR OATHS in and for the Province of Saskatchewan.

Witness Signature  
 WITNESS  
 My Commission Expires: 20 OCT / XX