Western LPIP
LIVESTOCK PRICE INSURANCE PROGRAM

Alberta Application for Subscription – Cattle

Identification Number	Subscription		Year
870 _____	_____ - _____		_____

Client Information

Business Name _____

Program Eligibility

WLPIP Office

Application for ☐ Fed ☐ Feeder ☐ Calf

Questions 1 to 4 must be answered "Yes"

1. ☐ Yes ☐ No Client must file or intend to file farm Income (or Loss) for tax purposes in the Province of Alberta.
2. ☐ Yes ☐ No Eligible Livestock are/will be owned by the applicant
3. ☐ Yes ☐ No Client (if an individual) is 18 years of age or older
4. ☐ Yes ☐ No Client's greatest amount of income from Eligible Livestock would be reportable in Alberta under the Income Tax Act (Canada) or be a Status Indian who carried on the business of farming on a reserve in Western Canada.

- Record client legal names or as registered at corporate registry.
- Only applicants and parties with written authorization are allowed to give or receive information about this account.
- **Return this form to any Local WLPIP Office or fax to the WLPIP Client *Service* Centre 1.403.782.8339.**

Authorization

☐ Check here if you want the legal document required to designate an individual to act on your behalf for all matters regarding AFSC (Authorized Representative).

☐ Check here if you want the legal document for a person to only receive information (Consent for Release of Information to Third Party). Until the document is received from you completed and signed, AFSC will not provide or receive information from anyone other than the client.

Consent Statements

The Applicant consents to:

- The release to AFSC by third parties of all information in such third party's possession, including information in the possession of other programs administered by AFSC, relating to the Applicant's livestock and farming operations and to the Applicant's participation in the Western Livestock Price Insurance Program ("WLPIP"); and
- The use by AFSC of the Applicant's information for advising the Applicant about other AFSC programs and services.

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary

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Freedom of Information and Protection of Privacy Act

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.

Client Declaration

1. I/we have received and agree to be bound by the terms of the Western Livestock Price Insurance Contract of Insurance,
2. I am/we are eligible to participate in the Western Livestock Price Insurance program as indicated on this application,
3. I/we understand and acknowledge that, if this application is accepted, on the date of such acceptance I/we will be bound by all of the terms and conditions of the Contract of Insurance, including any changes to the terms or conditions of the Contract of Insurance that may be made, and this remains in effect unless terminated pursuant to the terms of the Contract of Insurance,
4. All of the information contained in this application is accurate and true. If I/we give false information, make a false statement, fail to disclose in the application any information required by the Insurer, or return misleading information, I/we could be prosecuted and liable to a fine or imprisonment, or both, and forfeit the right to an indemnity.

Cheques and correspondence will be sent to the "Client" shown as the Business Name.

Print Name _____

Client Signature _____ Date _____

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.

Office Use Only

Approved By _____ Date _____

Processed By _____ Date _____

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