

SCIC Contract #: _____

THE UNDERSIGNED, hereby authorizes the Saskatchewan Crop Insurance Corporation, its successors or assigns to:

- release any information within its possession, power or control pertaining to the Saskatchewan Crop Insurance Corporation insurance contract number listed above including, but not limited to, any and all information the Saskatchewan Crop Insurance Corporation may have with respect to the agriculture operations of the undersigned to

 (Place name of individual, organization or institution to which information may be disclosed)

THE UNDERSIGNED expressly acknowledges and agrees that this authorization is:

- Specific information and/or crop year _____
- Continuous and will remain in effect until expressly cancelled in writing by the undersigned.
- Expiry Date of _____ unless otherwise revoked by the undersigned.

WITNESSES:

IF CONTRACT HOLDER IS AN INDIVIDUAL:
 Signature of Contract Holder(s)

 Print Name

 Signature

IF CONTRACT HOLDER IS A CORPORATION:

 Contract Number

 Print Exact Name of Corporation

IF CONTRACT HOLDER IS A PARTNERSHIP, JOINT VENTURE OR BUSINESS NAME:

 Print Exact Name of Partnership, Business Name or Name of Joint Venture

 (Partnership or participant in Business or Joint Venture)

 (Partner)

BY: _____
 (Officer of Corporation)

BY: _____
 (Officer of Corporation)

(Corporate Seal)

(Section II of the FARM INCOME PROTECTION ACT and Section 241(4) of the INCOME TAX ACT, as amended from time to time, authorizes Revenue Canada to provide information to, and collect information from, SCIC for the purpose of administering all programs authorized by the FARM INCOME PROTECTION ACT, notwithstanding the authorization included herein.)