

AGRISTABILITY ACCOUNT TRANSFER AGREEMENT

REQUEST TO TRANSFER AGRISTABILITY PARTICIPATION AFTER THE APPLICATION DEADLINE FOR THE PROGRAM YEAR

In consideration of the request to transfer AgriStability participation for the _____ Program Year, the Transferor agrees that any AgriStability rights and obligations, including fees, outstanding benefit payments and debts, are transferred to the Transferee. The Transferee agrees to accept the transferred AgriStability rights and obligations.

Location of Farm Operation(s): _____

Date of Transfer of Farm Operation(s): _____

Previous Owner Participant Information (Transferor(s)):

1. AgriStability PIN _____
Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Email _____

2. AgriStability PIN _____
Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Email _____

Signature _____ Date _____

Signature _____ Date _____

3. AgriStability PIN _____
Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Email _____

4. AgriStability PIN _____
Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Email _____

Signature _____ Date _____

Signature _____ Date _____

New Owner(s) Participant Information (Transferee):

AgriStability PIN _____
Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Email _____

We confirm that the farm operation has not changed during the farm transfer and certify the information provided on this form to be true, correct and subject to the AgriStability Participant Initial Declaration and Authorization. I am aware that to make a false statement is an offence.

Transferee Signature:

Signature (Participant/Signing Officer)

Printed Name

Corporation Name

Date

