

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

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NONDISCRIMINATION STATEMENT

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To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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CROP INSURANCE DIVISION
49 East Fourth Street, Suite 400
Cincinnati, Ohio 45202-3803

MULTIPLE PERIL CROP INSURANCE
ASSIGNMENT OF INDEMNITY

EFFECTIVE CROP YEAR ()

Part I: INSURED'S INFORMATION
Part II: AGENT/AGENCY INFORMATION
Name, Type of Entity, Identification Number, Agency Code Number, Telephone Number, Street or Mailing Address, City, State, Zip Code

The Insured assigns to (Name of Creditor) of (Mailing Address) of (City, State and Zip) the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the county/commodity(ies) shown:

Part IV: Conditions: (1) This assignment will be binding upon the person(s) who succeed the insured's interest in the insurance policy, (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the insured, (3) This assignment will not grant the Creditor any greater rights than originally held by the insured. (4) The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy, (5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check, (6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy." (Followed by signatures of the Insured, Creditor and Witnesses), (7) "If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year.
It is understood and agreed that this assignment is subject to the terms and conditions of the insurance policy.
Applicant's/Insured's Signature Date Creditor's Signature Date
Witness' Signature Date Witness' Signature Date
See reverse side of this form for statement required by Privacy Act of 1974, and Nondiscrimination Statement.

Part V: Insurance Provider Authorization
This assignment was filed with the approved insurance provider on (Month & Day), (Year) at (Time) (Check One) AM (Check One) PM.
The approved insurance provider hereby approves the foregoing assignment (Approved Insurance Providers Authorized Representative Signature) Date

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