



APPLICATION FOR ASSIGNMENT OF INDEMNITY

CROP YEAR	AGENCY NAME
POLICY NO.	AGENCY CODE
COUNTY	AGENCY ADDRESS
CROP(S)	CITY STATE ZIP

INSURED INFORMATION (Please Print)	LENDER OR CREDITOR (herein "Lender")
NAME	NAME
SOCIAL SECURITY/TAX I.D. #	
ADDRESS	
CITY STATE ZIP	ADDRESS
INSURED'S AUTHORIZED REPRESENTATIVE	CITY STATE ZIP

The undersigned Insured assigns to the Lender the right and interest of any indemnity payment(s) which may be payable to the insured under the insurance policy for the crop(s) and crop year shown above.

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 insurance provider by the Insured.
- 3) This assignment will not grant the Lender any greater rights than originally held by the Insured.
- 4) The Lender's interest will be recognized upon insurance provider's approval of this assignment and the Lender will have the right to submit the loss notices and other forms as required by the Policy.
- 5) The insurance provider will determine the person(s) entitled to any indemnity payment(s) and the payments(s) will be by joint check.
- 6) Cancellation of this assignment prior to the crop year stated above will be accepted by the insurance provider only upon notification in writing by the above identified Lender.

It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy.

Signature of Insured/Authorized Representative Date	Signature of Lender Date
WITNESS SIGNATURE Date	WITNESS SIGNATURE Date

<p>FILING This assignment was filed with the insurance provider on</p> <p>_____ at _____ a.m. (Date, Year) (Hour) p.m.</p>	<p>APPROVAL The insurance provider hereby approves the foregoing assignment.</p> <p>_____</p> <p>Company Name</p> <p>_____</p> <p>Signature of Insurance Provider/Authorized Representative Date</p> <p>_____</p> <p>Address</p>
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SEE REVERSE SIDE OF FORM FOR STATEMENT REQUIRED BY PRIVACY ACT OF 1974

03 LGM-Assignment of Indemnity (Reverse)

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

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