

Your Primary contact person is the person you identified on your AgriStability and AgrilInvest form to provide and receive information on your behalf. We automatically update this information each year when you complete your AgriStability and AgrilInvest form.

Complete this form to add or remove a contact person in addition to your Primary contact person. Your authorization is in place until you send in a new form to remove their name.

An Additional contact person **can**:

- ask us questions about your account
- send us information or adjustments to your information
- ask for copies of letters or statements we sent to you

An Additional contact person **cannot**:

- change your address
- change your direct deposit information for AgriStability
- request an account transfer form for AgrilInvest

For AgriStability:

- complete this form if you farm in Manitoba, Newfoundland and Labrador, Nova Scotia, New Brunswick or Yukon
- contact your provincial AgriStability administration for information on authorizing a contact person, if you farm in British Columbia, Alberta, Saskatchewan, Ontario, Quebec or Prince Edward Island

For AgrilInvest:

- complete this form unless you farm in Quebec. If you farm in Quebec, contact your provincial AgrilInvest administration.

Section 1 - Participant identification

First name/Entity name

Last name

Participant Identification Number (PIN)

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Address

City/Town

Prov/Terr

Postal Code

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Telephone number

Fax number

Email address

Section 2 - Confidential information and participant consent

You or an authorized representative (if the participant is an entity) must sign this form. An authorized representative is an owner, officer or director of the entity.

Agriculture and Agri-Food Canada (AAFC) is committed to protecting the privacy of your information. The information on this form is collected under the authority of Section 4 of the *Farm Income Protection Act* and will be used to administer your participation in the AgriStability and AgrilInvest programs.

By providing an additional contact person's name, you are authorizing both the AgriStability and AgrilInvest Administrations to receive information from and to disclose information to the additional contact person, and to make changes to your applications as directed by them.

Print name of authorized representative: _____

Signature: _____
(Participant or authorized representative)

Year

Month

Day

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You have the right to request access to your personal information held by AAFC and to request changes to incorrect personal information. For more information about your rights under the *Privacy Act*, contact the AAFC Access to Information Privacy Coordinator at aafc.atip-aiprp.aac@canada.ca and reference AAFC PPU 183 and/or CRA PPU 005.

Section 3 - Additional contact person information

Additional contact person

Add or Remove

Program(s) : AgriStability AgriInvest Both

First name

Last name

Business name

Address

City/Town

Prov/Terr

Postal Code

Telephone number

Fax number

Additional contact person

Add or Remove

Program(s) : AgriStability AgriInvest Both

First name

Last name

Business name

Address

City/Town

Prov/Terr

Postal Code

Telephone number

Fax number

Section 4 - Send your signed and completed form

Mail or fax

AgriStability and AgriInvest
PO Box 3200
Winnipeg MB R3C 5R7
Toll-free fax: 1-877-949-4885

Questions?

Call us toll-free at 1-866-367-8506
Monday to Friday, 8:00 am to 5:00 pm (CDT)
agr.gc.ca/agristability
agr.gc.ca/agriinvest