

Participant identification

Name (individual or entity)

Participant Identification Number (PIN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 1a) Are you a new participant? If the answer is "Yes", complete Schedule 1 (sections a, b, c) and Schedule 2. Yes No
- 1b) Since your last application have you:
 Changed your address or telephone number? If "Yes", provide the new information on Schedule 1, section a. Yes No
 Changed your contact person information? If "Yes", complete Schedule 1, section b. Yes No
 Changed your business structure? If "Yes", complete Schedule 1, sections c and d. Yes No

Other information

- 2a) Did you complete a production cycle on at least one of the commodities you produced? Yes No
 If "No", was at least half of your farm's total production not completed due to disaster circumstances? Yes No
- 2b) Are you, or anyone who helped you complete your form, a current or former federal public office holder or employee of Agriculture and Agri-Food Canada? Yes No
- 2c) Did you produce commodities that were, or could have been, insured under AgriInsurance (crop or production insurance)? Yes No
 Are the majority (more than half) of your insurable crop acres insured at 70% or higher? Yes No
- 2d) Have you submitted a complete 2024 AgriStability form? If "No", complete Schedule 2. Yes No

Farming operation

3a) Fiscal period From: To:
 Year Month Day Year Month Day

3b) Is this farming operation part of a Whole Farm? If yes, please provide PINs for all operations.
 Yes No PIN
 PIN
 PIN

Partnership information (if applicable)

3c) Enter the Participant identification number (PIN) for each of your partners. Enter the first and last names for individual partners. Enter the corporation's name for corporate partners. Your partnership's total shares must equal 100%. Your % share of the partnership

AgriStability PIN	Individual's first name	Individual's last name	Corporation name	% share
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Confidential information and participant consent

The information on this form is collected under the authority of the *Farm Income Protection Act* and will be used for the purposes of administering your participation in the AgriStability program; determining your eligibility for benefits; verifying the information submitted; issuing tax receipts; administering benefits under other farm income and special assistance programs; and auditing, analyzing, and evaluating the AgriStability program and other federal or provincial/territorial programs by the Administration, AAFC, the provincial or territorial governments or third parties engaged for that purpose. Personal information will be handled in accordance with the *Privacy Act*. Details of the collection, use, disclosure, and retention of personal information are described in the Personal Information Bank, the Net Income Stabilization Account (NISA), AAFC PPU 183.

By submitting this form, you:

- certify that the information you provided on this form is complete and accurate and understand that it is a criminal offense to make a false statement in application for program benefits and any declarations made are subject to audit
- certify that you have completed at least six months of farming activity and a production cycle in the program year, or could not for reasons beyond your control
- understand and agree that as a condition of receiving an Interim payment, you must participate in AgriStability and submit a complete 2025 AgriStability form by the deadline to be entitled to any AgriStability benefits
- understand that any Interim payment of AgriStability program funds will be deducted in the calculation of your final AgriStability program payment
- agree to repay any overpayment amount received as an Interim payment if the amount exceeds your final 2025 AgriStability program payment, and understand that interest will be charged on overpayments
- understand any amount you owe to the Crown will be subtracted from an Interim payment
- understand and agree that the person you identified as your contact person may receive information relating to your form from the Administration and may instruct the Administration to modify the information on your form
- consent to the use and disclosure of the information contained in this form to officials from Agriculture and Agri-Food Canada and the provincial/territorial department responsible for agriculture to administer your application for AgriStability, and for the purposes of audit, analysis and evaluation of the AgriStability program
- consent to the use of any information you submitted to the AgriStability or AgriInsurance (production or crop insurance) agencies to administer this application
- understand and agree that the information you submitted may be combined with information of other participants to determine your Interim payment
- consent to the disclosure of information pertaining to you and your financial affairs to the other participants being combined with your information

The business risk management program applicant acknowledges that individuals who are subject to the provisions of the *Conflict of Interest Act* (S.C. 2006, c. 9, s.2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflicts of interests or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

