

## CANADIAN AGRICULTURAL INCOME STABILIZATION (CAIS) PROGRAM Opt Out Request Form

To authorize the closure of your CAIS account, complete the following form and fax it to the CAIS Administration at 204-983-3947 or mail it to:

CAIS Program P.O. Box 3200 Station Main Winnipeg, MB R3C 5R7

Name:	PIN:
Corporation Name (if applicable):	· ·
<ul> <li>You will not be eligible</li> <li>As a condition of this above (including but in above (including but in been processed, there)</li> <li>Opting out of the CA will not be eligible to (the year during which opting out of the CA payments that are based on administrative costlevel for the programminitiated after that times</li> </ul>	ble for benefits in the year specified above. opt out, any initial monies received for the program year specified not limited to an Advance or Interim payment) must be refunded to CAIS. application for the program year specified above and it has already in the year in which you opt out will be the following program year. AIS program results in a mandatory two-year penalty. This means you o participate in CAIS for a total of three consecutive program years ch you opt out, plus the following two program years). AIS program may eliminate your eligibility for other program ased on participation in CAIS. st share (ACS) of \$55.00 is charged to all accounts once a protection in year is selected. The ACS will not be refunded if an opt out is me.  Date:  Date:  Date:  Date:  Date:  Date:
Retirement Bankruptcy	on for opting out and/or your comments (optional)  Ineligible Dissatisfaction Death Dissolution of Entity

**Confidential Information:** By submitting this form, I consent to the use of the information contained on this form by officials from Agriculture and Agri-Food Canada and the provincial department responsible for agriculture for the purposes of administering my participation in the CAIS program, as well as for the purposes of audit of benefits under other farm income programs, analysis, evaluation, program development.