

CAIS
PCSR

CANADIAN AGRICULTURAL INCOME STABILIZATION (CAIS) PROGRAM

Opt Out Request Form

To authorize your opt-out request, complete the following form and fax it toll free to the Administration at **1-877-949-4885** or mail it to:

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

Name: _____ PIN: _____

Corporation Name (if applicable): _____

I/We wish to opt out of the CAIS program effective for the 200__ program year (Note: you can only opt out of a Program Year prior to your corresponding fiscal year end. For example, if you are opting out of the 2007 Program Year, you must submit this request prior to the end of your 2007 fiscal year). If your 2007 fiscal year end has passed, you must indicate 2008 as the year in which you are opting out.

By submitting this request to opt out of the CAIS program, I/We understand that:

- I/we will not be eligible for benefits in the year specified above.
- As a condition of this opt out, any initial monies received for the program year specified above (including but not limited to an Advance or Interim payment) must be refunded to CAIS.
- Opting out of the CAIS program results in a mandatory two-year penalty. This means I/we will not be eligible to participate in CAIS for a total of three consecutive program years (the year in which I/we opt out, plus the following two program years).
- Opting out of the CAIS program may impact my/our eligibility for other program payments that are based on participation in CAIS.
- An administrative cost share (ACS) of \$55.00 and a program fee are charged for each year of participation. You will still be responsible for paying the ACS and the fee if you request to opt-out of the program after the deadline for selecting a protection level.

Individuals: If this request applies to an individual, that individual must sign this form. Each partner in a partnership who wishes to opt out of the CAIS program must sign and submit a separate Opt Out Request Form.

Signature: _____ Date: _____

Entities: If this request applies to an entity, the signator must have the authority to bind the corporation, and a signature from the CEO or President of the corporation (if different) is also required. By signing this form, the signators are indicating that they meet these criteria.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Please let us know the reason for opting out and/or your comments (optional)

Retirement Bankruptcy Ineligible Dissatisfaction Death Dissolution of Entity

Other (please specify) _____

Comments _____

Confidential Information: By submitting this form, I/we consent to the use of the information contained on this form by officials from Agriculture and Agri-Food Canada and the provincial or territorial 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.

For questions on the CAIS program, please call toll-free at **1-866-367-8506** or visit the CAIS web site at **www.agr.gc.ca/caisprogram**.