



An agency of the Government of Ontario  
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## Coverage cancellation form 2012 AgriStability

Name and business structure		
Name of participant	Name of corporation or trust (if applicable)	AgriStability PIN
Cancellation request		
<p>I request to cancel my 2012 AgriStability coverage. I understand that by cancelling my coverage, I will not be able to participate in 2012 AgriStability <b>and will not receive any further AgriStability correspondence for future program years.</b> I understand that in order to reinstate my coverage I must contact Agricorp by the appropriate deadline for that program year.</p> <p>I am aware that if I am cancelling my coverage after the due date shown on my fee invoice, I will still be required to pay my total amount due and any late penalties. I understand that if I received a 2012 interim payment, I will be in an overpayment situation. Agricorp will recover any overpayments.</p>		
Signature		
Participant signature		Date

**Collection, use, and disclosure of information:** Please refer to the Participant Declaration on page 4 of your AgriStability application or page 3 of your New Participant Form.

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version française disponible

