



An agency of the Government of Ontario

# 2020 New Participant Form

## AgriStability

Complete this form to apply for coverage under AgriStability, whether applying for the first time or after previously opting out. Current AgriStability participants may also use this form to reapply with a new business structure (e.g., if your sole proprietorship incorporates). Enrol as a sole proprietor, as a partner in a partnership, or as a corporation. Each partner in a partnership must submit a separate New Participant Form.

Upon receipt of this completed form, Agricorp may contact you to request additional supporting documentation, depending on your individual situation.

The deadline to submit this form is **April 30, 2020**. For more information about program requirements and deadlines, visit [agricorp.com](http://agricorp.com).

### Section A: Customer information

Complete one of the first three rows depending on your business structure.

<input type="checkbox"/> Sole proprietor	First name / Last name
<input type="checkbox"/> Partner in partnership	First name / Last name
<input type="checkbox"/> Corporation	Corporation name

Agricorp ID (if you have one) A	Social insurance number (sole proprietors)	Business number (corporations)
Are you: (check one)		Correspondence language
<input type="checkbox"/> New to AgriStability <input type="checkbox"/> Reapplying after previously opting out <input type="checkbox"/> Current participant who underwent a business change		<input type="checkbox"/> English <input type="checkbox"/> French

### Mailing address

Business mailing address (include civic number and road name)		Business email address (optional)	
City/Town		Province	Postal code
Primary business telephone number	Alternate business telephone number	Business fax number (optional)	

### Main farm location

County/District/Region		Municipality	
Geographic township	Lot	Concession	

**Section B: Farming activities**

Answer the following questions as they relate to your current operation. Provide details about your answers to the following questions in the Notes field at the end of this section. For timely processing, please ensure your information is complete.

Have you participated in AgriStability before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was your Agricorp ID?	If yes, what was your AgriStability PIN?
Did you start farming in the last six years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year did you start?	Annual gross farming income
Method of accounting for income tax	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual	Fiscal year <b>start</b> date	Fiscal year <b>end</b> date

Do you, your spouse or another member of your operation have an ownership interest in any other farm or agriculture-related business in the program year?  Yes  No

**If yes, please provide details in the Notes section at the bottom of the page.**

Does your operation have any transactions with related or non-arm's length parties? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Joint ventures                        | <input type="checkbox"/> Income splitting |
| <input type="checkbox"/> Transactions not at fair market value | <input type="checkbox"/> Group purchasing |
| <input type="checkbox"/> Other (please describe in Notes)      | <input type="checkbox"/> None             |

**Corporate structure (corporations only)**

Provide details about all shareholders in your corporation.

Shareholder name	Ontario resident?		% owned (common shares)	% owned (voting shares)	Telephone number	AgriStability PIN (if they have one)
	Yes	No				
			%	%		
			%	%		
			%	%		
			%	%		

**Partner information (partnerships only)**

Provide details about all members of your partnership.

Partner name	% owned	Business number (if they have one)	Social insurance number	AgriStability PIN (if they have one)
	%			
	%			
	%			
	%			

**Notes**

Provide details about the answers you gave above. For timely processing, please ensure your information is complete.

## Section C: Agreement and signature

You must sign below to confirm that you understand and agree to abide by the terms of the AgriStability program. These terms are described below, and some are defined in the AgriStability Program Guidelines, which are available on [agricorp.com](http://agricorp.com) or on request.

You only need to sign this form when you first join the program, and it applies to all years you participate in AgriStability. This form must be signed by the participant; no one else can sign this form on your behalf. If you don't submit this form, you could lose or delay processing of potential payments under the program.

### I agree that:

#### General

1. I meet the eligibility requirements set out in the program guidelines.
  2. I remain bound by the terms and conditions of this declaration, subject to amendments that Agricorp may make from time to time. By participating in AgriStability or in future similar farm income stabilization/disaster programs administered by Agricorp, I am deemed to have accepted these terms and conditions.
  3. I certify that all information submitted on this form and provided to Agricorp under the program is complete and accurate. I also understand and acknowledge that I am obligated to ensure that all information provided to Agricorp by my authorized representatives or any other party on my behalf is complete and accurate.
  4. I agree that any information provided to Agricorp under the program may be confirmed with the Canada Revenue Agency. I will promptly notify Agricorp in writing of any changes to information provided to Agricorp or to the Canada Revenue Agency.
  5. I will not provide any information that is false or misleading in this form, in my AgriStability application or in supporting documents. If Agricorp determines that I have provided false or misleading information under the AgriStability program, I may be denied participation in the AgriStability program in the current program year and for up to two additional program years, and be denied payment under the program or be required to repay any AgriStability payments I received based on that information.
  6. I will not alter my farm's ownership, business structure, size of operation, farming practices, type of farming activity, accounting methods or any other activity or practice, in order to be eligible for, or to increase an AgriStability payment.
  7. My main farmstead is in Ontario, and I will disclose to Agricorp any farming activities conducted by me outside of Ontario.
  8. I will keep and provide to Agricorp immediately upon request all documents and records of every kind relating to my farming activities and operations for the program year(s) for which I apply for payments and also for a period of ten consecutive years prior to those program years. For verification and audit purposes, I will allow Agricorp and its representatives access to my farm and records, including without limitation, financial and production records. I will also provide Agricorp access to information held directly by third parties including, but not limited to, insurance companies, banks, trust companies, other financial institutions and marketing boards. I will promptly execute any consent or similar forms that any third party may require before providing Agricorp such access.
  9. I understand and agree that any failure to provide information or access to information to Agricorp may result in a denial of payments or a requirement to repay any payment already received.
  9. I acknowledge that additional farm income tax records relating to the reference or program years may be required as part of an audit for further verification. I acknowledge that AgriStability and income tax records must be consistent for me to be eligible for AgriStability.
  10. I will provide information to Agricorp on all farming activities in which I am involved (e.g., sole proprietorships, partnerships, corporations), including any non-arm's length farming relationship and any relationship involving business transactions that fall below or exceed what would be considered fair market value or barter. I acknowledge that I am required to provide Agricorp with all information and records relevant to the farming operations of any other participant(s) named in my AgriStability forms or the farming operations of any individuals, partners and shareholders who may be involved or related to my farming operations, to be considered for AgriStability payments.
  11. I understand that my information may be evaluated with the information of other participants for the purpose of deciding whether our farming operations should be combined when determining possible AgriStability payments. I understand that the information I submit may be disclosed to these other participants.
  12. I consent to Agricorp's access to information from the Canada Revenue Agency, and from the Production Insurance program, Risk Management Program, and other past and present federal and/or provincial programs related to my farming activities. This information may be used to determine my reference margin and program year production margin and specifically to verify the information provided in my AgriStability forms or supporting documents, or during any audit.
  13. I will retain all records relating to any payments I receive under the AgriStability program for at least seven years from the date I received a payment. I acknowledge and agree that Agricorp may audit my participation in the program in that period.
- #### Fees, overpayments and recoveries
14. I will pay all applicable fees and charges to participate in the AgriStability program.
  15. I confirm that any payments that I receive under the AgriStability program beyond the amount I am entitled to in the program year, or in contravention of: (a) any program requirements, (b) the obligations set out in this form, or (c) the laws of Ontario or Canada, will be considered an overpayment and a debt due and payable to the Crown in right of Ontario or Canada. I confirm that any overpayments,

plus any interest accruing at the quarterly rate set by the Ontario Ministry of Finance, will be repaid either by: (a) offset from payments owing to me under this or any other program administered or delivered by Agricorp, or under other federal and/or provincial income tax and other federal and/or provincial programs, or (b) payment to Agricorp upon demand. My obligation to repay and Agricorp's right to recover overpayments are not subject to any limitation period and will survive even if I stop participating in AgriStability.

16. If I have any pre-existing debts to the Crown in right of Ontario or Canada, the amounts of these debts may be deducted from any funds otherwise payable to me under this program.

**Using and sharing information**

17. I agree that the information collected on the AgriStability forms and in supporting documents may be used and disclosed for the purposes of administering, auditing and evaluating the following programs, including my participation in these programs: (a) the AgriStability and Production Insurance programs under the Federal/Provincial/Territorial

*Canadian Agricultural Partnership*, as amended, or any subsequent federal/provincial/territorial agreement, (b) other programs administered by Agricorp, including, without limitation, the Farm Business Registration program, and (c) other farm income and special assistance programs. In addition, information may be shared with the Ontario Ministry of Agriculture, Food and Rural Affairs, Agriculture and Agri-Food Canada and other provincial or federal ministries or agencies for the purpose of developing other agricultural policies and programs.

18. Information collected in this form may be used by Agricorp or shared with provincial or federal ministries or agencies for the purpose of recovering overpayments.
19. For the purpose of emergency management, I also consent to the use by provincial, federal, or municipal government authorities of agricultural production and contact information collected in this form and other AgriStability documents. Emergency management includes planning, activities and programs for preventing, preparing for, responding to, and recovering from emergencies.

**If I am signing this document on behalf of a corporate entity, I certify that I am an officer of that corporate entity with lawful authority to sign on behalf of and to bind that corporate entity.**

Name (please print)	Signature X	Date YYYY/MM/DD
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**Section D: Submit completed form**

**Mail or fax**

Agricorp  
1 Stone Rd. W.  
PO Box 3660, Stn. Central  
Guelph ON N1H 8M4  
Fax: 519-826-4334

**Questions?**

1-888-247-4999  
Mon. to Fri., 7 a.m. to 5 p.m.  
agricorp.com  
contact@agricorp.com  
TTY: 1-877-275-1380

**Notice of collection of personal information:** Agricorp collects social insurance numbers (SIN) under the authority of the *Income Tax Act* (Canada) for the purpose of making program payments and for tax purposes, auditing and collecting overpayments. SINs will be shared with the Canada Revenue Agency for the purpose of issuing tax receipts for payments. Questions about the collection of information may be directed to Agricorp's Compliance and Freedom of Information-Privacy Specialist, P.O. Box 3660, Stn. Central, Guelph ON N1H 8M4, 1-888-247-4999 or [ian.cowbrough@agricorp.com](mailto:ian.cowbrough@agricorp.com).