

TRANSFER OF RIGHT TO AN INDEMNITY

Policy Number	Crop Year	Effective Date of Transfer	Nature of Transfer
TRANSFEROR (INSURED): _____ Name _____ Street or Mailing Address _____ City, State, Zip Code		TRANSFeree(S): _____ Name _____ Street or Mailing Address _____ City, State, Zip Code _____ SSN/EIN	

Is all of the insured acreage and all of the insured share on the unit(s) being transferred?

Yes Make checks payable to Transferee(s) only. Check will be mailed to Transferee's address above.

No Make checks payable jointly to Insured and Transferee(s). Check will be mailed to Insured's address (unless an assignment of indemnity is on file).

Crop	Unit	Farm Location	Acres	Total	Transferred	Retained	Premium paid with transfer
			Share				
	FSN	Prod Guar					
			Premium				
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			Share				
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			Share				
	FSN	Prod Guar					
			Premium				

1. Acceptance by the Insurance Provider of the above-described transfer shall transfer the Insured's right to an indemnity to the above-named Transferee subject to:
 - a. Receipt by the Insurance Provider of satisfactory evidence that said transfer occurred before the end of the insurance period; i.e., (1) the date harvest was completed on the unit, (2) the calendar date for the end of the insurance period, or (3) the date the entire crop on the unit was destroyed, as determined by the Insurance Provider.
 - b. The terms of the above-identified insurance contract, including any outstanding assignment of indemnity made by the Transferor prior to the date of transfer.
 - c. All other terms and provisions set forth herein.
2. The Insurance Provider shall not be liable for any more indemnity than existed before the transfer occurred.
3. The insurance contract of the Transferor covers the share hereby transferred only to the end of the insurance period for the current crop year.
4. The Transferee and the Transferor shall be jointly and severally liable for any unpaid premium earned for the current crop year on the acreage and share transferred.
 Yes No The premium for the unit(s) has been paid.

Transferor's (Insured's) Signature	Date	Insurance Provider's Name & Address
Transferee(s)'s Signature(s)	Date	Authorized Representative's Signature
		Date

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act, (7 U.S.C. 1501 et seq.) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Federal Crop Insurance Act (7 U.S.C. 1506), and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

The balance of the information requested is necessary for the insurance company and FCIC to process this form to: provide insurance; provide reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The information furnished on this form will be used by Federal agencies, FCIC employees, insurance companies, and contractors who require such information in the performance of their duties. The information may be furnished to: FCIC contract agencies, employees and loss adjusters; reinsured companies; other agencies within the United States Department of Agriculture; The Department of Treasury including the Internal Revenue Service; the Department of Justice, or other Federal or State law enforcement agencies; credit reporting agencies and collection agencies; other Federal agencies as requested in computer matching programs; and in response to judicial orders in the course of litigation. The information may also be furnished to congressional representatives and senators making inquiries on your behalf. Furnishing the information required by this form is voluntary; however, failure to report the correct and complete information requested may result in rejection of this form; rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; and a unilateral determination of any monetary amounts due.

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