



Assignment of Indemnity – Single Payee Agreement

INSURED INFORMATION

Name: _____

Authorized Representative: _____

Street Address: _____

City and State: _____

Zip Code: _____

Policy Number: _____

Claim Number: _____

Effective Crop Year: _____

Crop: _____

State and County: _____

ASSIGNEE(S) INFORMATION

If there are more than two assignees, include a statement to provide more assignee information on a separate page or back of the form, including a space for a signature line for each assignee similar to what is contained in the Required Signature section.

Assignee 1 Name:	_____
Street Address:	_____
City and State:	_____
Zip Code:	_____

Assignee 2 Name:	_____
Street Address:	_____
City and State:	_____
Zip Code:	_____

AGREEMENT AND PAYEE INFORMATION

I understand that by signing this Assignment of Indemnity – Single Payee Agreement, I am agreeing to allow Farmers Mutual Hail Insurance Company to issue indemnity payments as electronic payments to the single payee shown below.

Payee: _____

TERMS AND CONDITIONS

Item #	Element	Substantive/ Non-Substantive
1	"The Insured or any of the Assignees may cancel this Single Payee Agreement. Cancellation of this Single Payee Agreement by the Insured or any of the Assignees during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing."	Substantive
2	"This Single Payee Agreement is automatically canceled when the Assignment of Indemnity is canceled or terminated."	Substantive
3	"If the number of Assignee(s) changes during the crop year stated above, this Single Payee Agreement is effectively canceled. If the Insured and all Assignee(s) want to have a single payee, a new Single Payee Agreement must be executed with all parties."	Substantive
4	"If a Transfer of Coverage and Right to an Indemnity occurs after this agreement is executed, this Single Payee Agreement is effectively canceled. If the Insured and all Assignee(s) want to have a single payee, a new Single Payee Agreement must be executed with all parties."	Substantive
5	"If the Insured or Assignee(s) want to change who the payee is that is stated in this Single Payee Agreement, it must be canceled, and a new Single Payee Agreement must be executed naming the new payee."	Substantive
6	"It is understood that if this Single Payee Agreement is canceled for any reason, any indemnity payment issued after cancellation will be a joint check."	Substantive

REQUIRED STATEMENTS

RMA Privacy Act Statement - Collection of Information and Data

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIP's contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

RMA Non-Discrimination Statement

It is the AIP's responsibility to ensure that standards, procedures, methods, and instructions, as authorized by FCIC in the sale and service of crop insurance contracts, are implemented in a manner compliant with Title VI. The non-discrimination statement must be included on any form the person signs or provided to the person on a separate form in which the person signs and a copy maintained by the AIP. Additionally, applicable AIP marketing materials must also include a non-discrimination statement. The RMA and USDA Non-Discrimination Statement is available on the RMA public website at:

1. RMA Non-Discrimination Statement: www.rma.usda.gov/About-RMA/Laws-andRegulations/Required-Statements/Non-Discrimination-Statement
2. Office of Assistant Secretary for Civil Rights: www.usda.gov/oascr

A. General

The non-discrimination statement shall be posted in AIP and agent offices, on websites, forms and in newsletters and advertisements. Additionally, all materials released to the public for distribution, including fact sheets, brochures, and any Federal crop insurance related materials must include the non-discrimination statement.

B. Forms

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

REQUIRED SIGNATURES

Insured:	<div><div></div><div>Printed Name</div></div>	<div><div></div><div>Signature</div></div>	<div><div></div><div>Date</div></div>
Assignee 1:	<div><div></div><div>Printed Name</div></div>	<div><div></div><div>Signature</div></div>	<div><div></div><div>Date</div></div>
Assignee 2:	<div><div></div><div>Printed Name</div></div>	<div><div></div><div>Signature</div></div>	<div><div></div><div>Date</div></div>
AIP's Authorized Representative:	<div><div></div><div>Printed Name</div></div>	<div><div></div><div>Signature</div></div>	<div><div></div><div>Date</div></div>

EMAIL COMPLETED FORM TO: directdeposit@fmh.com