

# Assignment Notification

Multi-Peril Crop Insurance

**Policy Number:**

**Insured Name:**

**Address:**

**Crop Year:**

**Assignment Effective Date:**

**Assignee Name:**

**Assignee Address:**

**Assignee Contact:**

**Notice:**

This is to notify that the above-named Insured has assigned indemnity payment(s) under the referenced Multi-Peril Crop Insurance policy to the party listed as Assignee. This assignment is effective for the crop year shown above and remains in force unless cancelled or superseded.

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Insured's Signature

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Date

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Assignee's Signature

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Date

Please retain a copy of this Notification for your records.