

The undersigned does hereby make, constitute and appoint _____ of _____

1. Name

_____ in the County of _____

2. Residing in City _____ **3. Residing in County** _____

and State of _____ the true and lawful attorney, for and in the name, place and stead of the undersigned in

4. Residing in State

connection with Insurance Policy and/or _____ **5. Policy** _____ insured with Rural Community Insurance Services.

The undersigned gives and grants unto said attorney full authority and power to do and perform actions as initialed below fully ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof: (This power of attorney is not affected by subsequent disability or incapacity of the principal.)

<input type="checkbox"/> 1. Giving notice of damage or loss.	<input type="checkbox"/> 4. Making policy changes.	<input type="checkbox"/> 7. Taking all actions related to the insurance coverage provided under the above identified policy and/or policy number.
<input type="checkbox"/> 2. Making application for insurance.	<input type="checkbox"/> 5. Making crop acreage reports.	<input type="checkbox"/> 8. Providing program required production records.
<input type="checkbox"/> 3. Making claim for indemnity.	<input type="checkbox"/> 6. Making transfers and cancellations	

This Power of Attorney shall be filed at the office where the official insurance file folder is maintained and shall remain in full force and effect until written notice of its revocation has been received by the office maintaining the official insurance file folder (such revocation shall be placed in the official insurance file folder).

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT
Agents, Loss Adjusters and Policyholders

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.

NONDISCRIMINATION STATEMENT

Non-Discrimination Policy: In accordance with Federal 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 on the basis of 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).

To File a Program Complaint: If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities: 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 State or local Agency that administers the program 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.

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

This Power of Attorney is signed and dated at _____, _____ this _____ day of _____.

6. Signed in City _____ **7. Signed in State** _____

8. Signed on Day _____ **9. Signed on Month** _____ **10. Signed on Year** _____

11. Insured's Printed Name _____ **12. Insured's Signature** _____

13. Witness' Printed Name _____ **14. Witness' Signature** _____

15. Witness' Printed Name _____ **16. Witness' Signature** _____

I hereby accept the foregoing appointment

17. Appointee's Printed Name _____ **18. Appointee's Signature** _____

<p style="text-align: center;">Acknowledgement (For use by Notary Public) (Use acknowledgement form if required by the State where acknowledgement is taken.) Signatures of the insured and the appointee must be notarized when required by law. Witness signatures are not required if notarized.</p> <p>State of: _____</p> <p>County of: _____</p> <p>Signature of Notary: _____</p>	<p>Notary Seal</p>
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