



LIVESTOCK
ASSURANCE
FUNDS TRIBUNAL

Livestock Identification and Commerce Act
**LIVESTOCK DEALER
ASSURANCE FUNDS
REVOCATION OF WAIVER FORM**

Livestock Dealer Information

Full Legal Name: _____

If a company or partnership

Authorized signing authority: _____

Telephone number: _____ Fax: _____

E-mail Address: _____

REVOCATION OF WAIVER

The above-named livestock dealer filed an *Assurance Funds Waiver Form* with LIS and waived the ability to claim against the following assurance fund(s):

Livestock Assurance Fund

Livestock Dealers' Assurance Fund

The above-named livestock dealer hereby revokes the Waiver filed with respect to the following fund(s):

Livestock Assurance Fund

Livestock Dealers' Assurance Fund

The above-named participant understands and agrees that:

- this Revocation of Waiver shall be effective on the date the signed Revocation of Waiver is received by Livestock Identification Services Ltd.; and
- If the above-named livestock dealer makes a claim for a non-payment that occurs in the first calendar year after revoking a Waiver, the maximum recovery is either 25%, 50% or 75% of the amount of the livestock dealer would otherwise receive depending on when the claim is made in that first calendar year.

Date

Signature of Livestock Dealer

Mail this Revocation of Waiver Form to:

Livestock Identification Services Ltd. #109, 264 Midpark Way SE Calgary, AB T2X 1J6