

SK LIVESTOCK FINANCE CO-OPERATIVE LTD.

MEMBERSHIP APPLICATION- JOINT

APPLICATION TO: SK Livestock Finance Co-operative Ltd. (SKLF)

I hereby apply for joint membership with SKLF. If approved to become a member, I agree to abide by the rules and regulations of SKLF. Standard non-refundable application fee applies.

_____and/or_____ *(Joint Membership)*

Where more than one person is named as the Member, the liability of each shall be joint and several. Where two or more Members hold a joint membership, the liability of each shall be joint and several. Each Member holding a joint membership constitutes and appoints other Members within the joint membership, or any of them acting singly, as such Members true and lawful attorney-in-fact to execute, acknowledge and deliver on behalf of all joint Members, all documents and agreements necessary or proper to effect the consummation and completion of any transactions.

| | Cattle | Bison |
|-------------------------|--------|-------|
| Requested Breeder Limit | \$ | \$ |
| Requested Feeder Limit | \$ | \$ |

CONSENT, CREDIT CHECK AND REFERENCES

- I provide consent for SKLF to run a credit check, personal property check and any other due diligence checks required to assess my membership application
- I represent and warrant that I am currently up to date on my utility bills, property taxes and other taxes
- I represent and warrant that I am currently in good standing with my financial institution(s)
- I consent to have SKLF follow-up with the references I have provided below and any other creditor
- I understand that, by signing this form, SKLF can communicate with me by email at the address provided on this form

| Bank References | | | |
|----------------------------|-----------|-----------------|-----------------|
| Bank Name | | Account Manager | Account # |
| Address | City | Province | Postal Code |
| Country | Telephone | Fax | Email |
| Bank Name | | Account Manager | Account # |
| Address | City | Province | Postal Code |
| Country | Telephone | Fax | Email |
| Bank Name | | Account Manager | Account # |
| Address | City | Province | Postal Code |
| Country | Telephone | Fax | Email |
| Credit Industry References | | | |
| Company Name | | | Account Manager |
| Address | City | Province | Postal Code |
| Telephone | Fax | Email | |

| | | | |
|--------------|------|----------|-----------------|
| Company Name | | | Account Manager |
| Address | City | Province | Postal Code |
| Telephone | Fax | Email | |
| Company Name | | | Account Manager |
| Address | City | Province | Postal Code |
| Telephone | Fax | Email | |
| Company Name | | | Account Manager |
| Address | City | Province | Postal Code |
| Telephone | Fax | Email | |

Please comment on whether you are currently branding or tagging your livestock. If you are branding, what brand(s) do you currently use and what location(s) are you branding?

Please note that:

1. All membership applications, including requests to increase financial assistance, are subject to approval of SKLF’s CEO which includes credit checks, financial assessment and other requirements.
2. The individual member limit (for feeder and breeder options combined) cannot exceed the maximum allowable by Policy.

The applicant hereby authorizes:

1. SKLF and SKLF’s lender to each release, collect and exchange information from each other and from any other person, creditor, corporation, financial institution, credit reporting agency, government or entity (collectively “other person”); and
2. any other person to release to SKLF and SKLF’s lender any of the applicants’ financial or other personal information reasonably required to determine the applicant’s suitability for membership in SKLF, for an advance, or for an increase financial assistance, or for continuing financial assistance, to be made to SKLF on behalf of the applicant.

I am not an undischarged bankrupt, in litigation with any other person, or before the Farm Debt Mediation Services or the Farm Land Security Board (Farm Security Programs) and I do not have any unsatisfied judgements against me.

Quarter _____ Section _____ Township _____ Range _____ Meridian _____ ; in RM # _____

| | | |
|-----------------------|----------------------------|--------------------------------|
| _____ | _____ | _____ |
| Address | Postal Code | Premise Identification # (PID) |
| _____ | _____ | _____ |
| Print Full Legal Name | Date of Birth (MM/DD/YYYY) | |
| _____ | _____ | _____ |
| Email Address | Cell Phone | Business Phone |
| _____ | _____ | _____ |
| Print Full Legal Name | Date of Birth (MM/DD/YYYY) | |
| _____ | _____ | _____ |
| Email Address | Cell Phone | Business Phone |
| _____ | _____ | _____ |
| Date (MM/DD/YYYY) | Applicant’s Signature | |
| _____ | Applicant’s Signature | |
| Date (MM/DD/YYYY) | | |