

Export - Import Bank of the United States
Notification by Insured of Amounts Payable under
Multi-Buyer Export Credit Insurance Policy

Date: _____

A. General Information

Policy No. _____

Insured: _____

Assignee: _____

B. Notification

The Insured hereby notifies the Export-Import Bank of the United States (EXIM Bank) that, in accordance with the information contained herein, it has assigned its interest to claim payment(s) which may become due under the Policy.

This Assignment relates to:

- ___ 1. All transactions covered by the Policy:
- ___ 2. All transactions with buyers in the following countries: _____
- ___ 3. All transactions with the following buyers: _____
- ___ 4. The following specific transaction(s): (Use additional sheets if necessary).

Country	Buyer	Contract Price of Sale or Gross Invoice Value of Shipment	Invoice Date or Number	Date Reported on Monthly Report Form

- ___ 5. Other. If this No. 5 is checked, the Insured and the Assignee agree that:
- (a) there may be multiple assignments made to various assignees under this policy and EXIM Bank does not determine which assignee, if any, may have an interest in any particular claim payment; and
- (b) in the event EXIM Bank approves the Insured's claim for payment, a wire transfer will be made to an assignee designated by the insured on the "Notice of Claim and Proof of Loss".

C. Conditions of Notification

1. The Assignee agrees that:
- (a) this notification is not an assignment of the Policy, does not give the Assignee any right to file a claim or sue under the referenced Policy, and does not create any duty or obligation to the Assignee except as set forth in subparagraph 2 below;

(b) the Insured's execution of a release and assignment in favor of EXIM Bank shall bind the Assignee; and
(c) this notification and the assignment related hereto shall not constitute a waiver of any terms or conditions of the policy.

2. The Insured agrees that its execution of this notification authorizes EXIM Bank:

- (a) to release to the Assignee all information and records relating to the Insured's Policy and claims; and
(b) this notification and the assignment related hereto shall not constitute a waiver of any terms or conditions of the policy.

This Notification is subject to the Conditions of Notification set forth above, and execution by the Assignee and the Insured shall constitute their acceptance of these conditions.

Name of Assignee

Name of Insured (as specified in the Declarations)

Address

Address

Phone _____ Fax _____ E-mail _____

Phone _____ Fax _____ E-mail _____

Signature of Officer

Signature of Officer

Name (Print or Type)

Name (Print or Type)

Title

Date Signed

Title

Date Signed

The above notification is hereby acknowledged for the EXPORT-IMPORT BANK OF THE UNITED STATES by:

Signature of Officer

Effective Date

Name (Print or Type)

Title

**PLEASE EMAIL THE FORM, SIGNED BY THE INSURED AND THE ASSIGNEE, TO YOUR
INSURANCE BROKER OR EXIM RELATIONSHIP MANAGER; OR MAIL THE FORM TO:
EXPORT-IMPORT BANK OF THE UNITED STATES, 811 VERMONT AVENUE, N.W.,
WASHINGTON, D.C. 20571, ATTENTION: VICE PRESIDENT, EXPORT CREDIT INSURANCE
CALL 1-800-565-EXIM FOR ASSISTANCE**