

**Export – Import Bank of the United States
Notification by Insured of Amounts Payable Under
Single Buyer Export Credit Insurance Policy**

Date: _____

A. General Information

Policy No. _____

Insured: _____

Buyer: _____

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. 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

___ 3. Other. If this No. 3 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 here to 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) to make all claim payments relating to the assignment by wire transfer to the Assignee, payable to the Assignee.

This Notification is subject to the Conditions of Notification set fourth 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	_____ Title
_____ Date Signed	_____ 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**