



DIRECTION TO PAY – GENERAL Performance Security Insurance (PSI)

This form should be completed in triplicate by the Insured and forwarded to Export Development Canada ("EDC"). Duly acknowledged copies will be sent directly to the Beneficiary and to the Insured by EDC.

Policy No. _____ issued to _____ (the "Insured").

WE HEREBY DIRECT EDC TO:

i) pay directly to

Name of the Beneficiary:

Address:

Contact Name:

Telephone:

Fax:

(the "Beneficiary") any monies which are now payable or which may become payable to the Insured pursuant to the Policy in respect of a loss sustained by the Insured; and

ii) send directly to the Beneficiary copies of all documentation and correspondence sent by EDC to the Insured after the date that this Direction to Pay has been noted in EDC's records.

This Direction to Pay is irrevocable except with the consent in writing of the Beneficiary.

Dated: _____

Authorized Signature: _____

Name & Title (please print): _____

Subject to the following Condition, this Direction to Pay has been noted in EDC's records on _____.

Condition: This Direction to Pay is not an assignment of the Policy and does not create in or give the Beneficiary any right to file a claim or sue under the Policy.

EXPORT DEVELOPMENT CANADA