



DIRECTION TO PAY

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

This Direction to Pay is given in connection with the Policy. Terms defined in the Policy shall have the same meaning when used in this Direction to Pay. It must be completed by the Insured and forwarded to EDC. Duly acknowledged copies will be sent directly to the Beneficiary and the Insured by EDC.

WE HEREBY DIRECT THE INSURERS TO:

i) pay directly to:

Name of beneficiary	(the "Beneficiary")		
Address <small>(Street, City, Province, Country and Postal Code)</small>			
Contact Name			
Telephone	- -	Fax	- -

any monies which are now payable or which may become payable to the Insured pursuant to the Policy (including any recoveries payable to the Insured) as a result of a Loss sustained by the Insured with respect to the following buyer or buyers:

all buyers Canadian buyers only non-Canadian buyers only

specific buyer _____, with offices located at _____
(Street, City, Province, Country and Postal Code)

ii) send directly to the Beneficiary copies of all the Policy documents that form the insurance contract and all correspondence sent by the Insurers to the Insured after the date that this Direction to Pay has been noted in the Insurers' records.

Insured Name			
Authorized signature		Date	month / day / year

This Direction to Pay is irrevocable except with the consent in writing of the Beneficiary. This Direction to Pay is not an assignment of the Policy and does not give the Beneficiary any rights to file a claim or sue under the Policy. This Direction to Pay has been noted in our records on _____, 20_____.

EXPORT DEVELOPMENT CANADA, for the Insurers
