

**Export – Import Bank of the United States
Notification by Insured of Amounts Payable under
Multi-Buyer Export Credit Insurance Policy
(Standard Assignment)**

Date: _____

A. General Information

Policy No. _____

Insured: _____

Assignee: _____

B. Notification

The Insured hereby notifies the Export-Import Bank of the United States (Ex-Im 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 Number 5 is checked, the Insured and the Assignee agree that:
 - (a) there may be multiple assignments made to various assignees under this policy and Ex-Im Bank does not determine which assignee, if any, may have an interest in any particular claim payment; and
 - (b) in the event Ex-Im Bank approves the Insured’s claim for payment, a check will be issued payable to the order of the Insured, unless the Insured provides the name of an assignee on the “Notice of Claim and Proof of Loss”, in which case a check will be forwarded to the assignee, made payable jointly to the order of the Insured and the assignee named 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, 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 Ex-Im Bank shall bind the Assignee; and
 - (c) this notification and the assignment related hereto shall not constitute waiver of any terms or conditions of the Policy.

2. The Insured agrees that its execution of this notification authorizes Ex-Im 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 this assignment by check forwarded to the Assignee, made payable jointly to the order of the Insured and the Assignee.

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	_____ Title
_____ Date Signed	_____ Date Signed

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

_____ Signature of Officer	_____ Date
_____ Name (Print or Type)	_____ Title

**PLEASE SUBMIT FOUR SIGNED ORIGINALS.
EXECUTED ORIGINALS WILL BE PROVIDED TO THE ASSIGNEE, INSURED AND BROKER**

Send form to: Export - Import Bank, Short Term Trade Finance,
811 Vermont Avenue, NW, Washington, DC 20571

For information call (202)565-3681 or 1-800-565-EXIM Fax (202) 565-3675 or Internet <http://www.exim.gov>

Notices: The insured is hereby notified that the information requested on this form is done so under authority of the **Export-Import Bank Act of 1945**, as amended (12 USC 635 et seq.); provision of this information is mandatory, and failure to provide the requested information may result in Ex-Im Bank being unable to process this form. Ex-Im Bank may not require the information, and the insurer is not required to provide the information requested, unless a currently valid OMB control number is displayed on this form.

Public Burden Statement: Reporting for this collection of information is estimated to average 15 minutes per response, including reviewing instructions, searching data sources, gathering information, completing and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0021, Washington, D.C. 20503.