

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

Date: _____

A. General Information

Policy No. _____

Insured: _____

Buyer: _____

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. 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 Number 3 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 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, 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 the assignment by wire transfer to the Assignee, payable to 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 Date Signed

Title 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) 565-3962 or Internet
<http://www.exim.gov>**

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 10 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# 200609-3048-001, Washington, D.C. 20503.