



## 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. This Direction to Pay must be completed by the Insured and forwarded to EDC and EDC will send duly acknowledged copies directly to the Beneficiary and the Insured.

### WE HEREBY DIRECT EDC TO:

1) pay directly to:

|  |                            |            |  |
|--|----------------------------|------------|--|
| <b>Name of Beneficiary</b>   | <b>(the "Beneficiary")</b> |            |  |
| <b>Address</b><br>(street, City, Province,<br>Country and Postal Code) |                            |            |  |
| <b>Contact Name</b>  |                            |            |  |
| <b>Telephone</b>   |                            | <b>Fax</b> |  |

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;

2) provide the Beneficiary with all information and documents requested by the Beneficiary concerning the Policy which is also available to the Insured, including, but not limited to, information concerning the Insured's compliance with the terms and conditions of the Policy, losses and claims;

3) provide the Beneficiary with access to information and documentation concerning the Policy which is now or hereafter made available to financial institutions on designated EDC website pages, and

4) send directly to the Beneficiary copies of all correspondence concerning defaults under, and termination of, the Policy, in each case which is sent by EDC to the Insured after the date that this Direction to Pay has been noted in EDC's records.

|                             |  |             |  |
|-----------------------------|--|-------------|--|
| <b>Insured Name</b>         |  |             |  |
| <b>Authorized Signature</b> |  | <b>Date</b> |  |

This Direction to Pay may not be revoked by the Insured without the written consent 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 EDC's records on \_\_\_\_\_, 20\_\_\_\_\_.

**EXPORT DEVELOPMENT CANADA**

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