

PORTFOLIO CREDIT INSURANCE

Revocation of a Direction to Pay

On _____, a Direction to Pay was given in connection with policy no. _____
(the "Policy") to the insurer(s) (as identified under such Policy) by _____
(the "Main Insured"), in favour of _____(the "Financial Institution") .

The Main Insured now wishes to revoke that Direction to Pay, effective as of _____.

AUTHORIZED SIGNATURE OF THE MAIN INSURED

DATE

The undersigned, as beneficiary of the Direction to Pay, consents to its revocation and confirms that it has no interest in the Policy.

AUTHORIZED SIGNATURE OF THE FINANCIAL INSTITUTION

DATE