

DIRECTION TO PAY (MULTIPLE FINANCIAL INSTITUTIONS) (DOMESTIC POLICY)

This Direction to Pay is given in connection with Domestic Portfolio Credit Insurance Policy No.

(the "Policy") issued by the Insurers identified in the Coverage Certificate to

(the "Main Insured").

Terms defined in the Policy have the same meaning when used in this Direction to Pay. Once processed, this Direction to Pay will be sent by email to the Main Insured and the Financial Institutions identified below.

FINANCIAL INSTITUTION DETAILS

Name of Financial Institution	
Branch Address	
Contact Name	
Contact Telephone	
Contact Email	

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Branch Address	
Contact Name	
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Contact Email	

Any reference to "Company" in this form includes the Main Insured and any Additional Insured covered under the Policy and for the purpose of this Direction to Pay, the Company is acting on its own behalf and on behalf of any Additional Insured under the Policy.

On behalf of my Company:

1. I direct the Insurers to pay directly to the Financial Institutions indicated above, any monies that are now payable or that may become payable to my Company under the Policy (including any recoveries), provided that, as a condition precedent of any payment by the Insurers to the Financial Institutions, the Financial Institutions will agree as to each of their respective interests in the payments and each of them must advise the Insurers in writing of their agreement;

2. I understand that, immediately following the date that this Direction to Pay is noted in the Insurers' records, the Insurers may provide the Financial Institutions with all information and documents concerning the Policy which is also available to my Company, including information and documents concerning my Company's compliance with the terms and conditions of the Policy, its termination or default thereunder, Credit Approvals, overdue reports and losses and claims. I consent to such disclosure and I agree to the Insurers using any technology as the Insurers may choose from time to time for the purposes of providing any of that information to the Financial Institutions;
3. I acknowledge that, if any of the information disclosed to the Financial Institutions in conformity with this Direction to Pay is considered "personal information" as defined by the Privacy Act, it will only be disclosed in compliance with the Privacy Act and;
4. I acknowledge that this Direction to Pay cannot be revoked without the written consent of the Financial Institutions.

This Direction to Pay is not an assignment of the Policy and does not give the Financial Institutions any right against the Insurers whatsoever (including the right to file a claim or sue under the Policy).

The Insurers reserve the right to set-off any amount payable under the Policy or this Direction to Pay against any other amount owed to the Insurers by the Company or by the Financial Institutions.

This Direction to Pay will apply to the Policy as it may be renewed, extended or amended from time to time.

Main Insured Name	
Authorized Signature	
Date	

This Direction to Pay has been noted in the Insurers' records on .

EXPORT DEVELOPMENT CANADA, on behalf of the insurers

By	
Name	
Title	