**Request for Policy Beneficiary (Multiple Beneficiaries)**

The undersigned requests the issuance of an endorsement to be made part of Policy No. [xxxxxxx] issued by Euler Hermes North America Insurance Company to:

of .

Insured City, State

of ,

Bank City, State

of ,

Bank City, State

of ,

Bank City, State

In accordance with your request, the Policy Beneficiaries (Beneficiaries) will have the following rights under this ***Policy,*** subject to the terms and conditions in this Endorsement***.***

1. The Beneficiaries may file a ***Claim and Collection form*** per the terms and conditions of this ***Policy***. You and/or the Beneficiaries will give us, at our request, any additional supporting documents or information regarding the claim.
2. If a ***Claim Payment*** is due under this Policy, we shall make the ***Claim Payment*** to the Beneficiaries unless the Beneficiaries provide us with a written release of their right to receive the ***Claim Payment.***
3. If any ***Claim Payment*** is due under this ***Policy***, the amount so due shall be paid by us to the Beneficiaries provided that:

**a.** Within 10 days of our request for written instructions, we receive a single written instruction signed by all Beneficiaries; and

**b.** That written instruction states the agreed upon respective interest of each Beneficiary.

If within 30 days of our request no such written instruction has been received by us, the ***Claim Payment*** will be made to [………………………………………………].

1. In order for us to make a ***Claim Payment*** to the Beneficiaries, both you and the Beneficiaries must assign to us, or cause to be assigned to us, any and all rights you or the Beneficiaries may have as to the ***Buyer***.
2. Any ***Claim Payment*** made to the Beneficiaries shall release and relieve us from any liability to you for the insured receivables that are the subject of the ***Claim Payment***.
3. Both you and the Beneficiaries warrant that this Endorsement, by which you instruct us to make all ***Claim Payments*** to the Beneficiaries, is in accordance with your respective financial and commercial interests and does not conflict with any applicable laws or regulations. In respect of this Endorsement, the contractual relationship existing between you and the Beneficiaries is the following: [invoice financing] [finance facility] [finance facility secured against trade receivables].
4. The relationship created by this Endorsement is that the Beneficiaries become intended third-party beneficiaries under the ***Policy*** entitled to the same rights, but none other, that you would have under the ***Policy***, subject to the same terms, conditions, and obligations applicable to you. The rights of the Beneficiaries are derivative of your rights, and no independent rights are intended to be created or granted. No additional risks are intended to be covered that involve the Beneficiaries.
5. This Endorsement shall not affect any of your or our rights or obligations under the ***Policy*** other than your right to receive a ***Claim Payment***. Your obligations under the Policy shall continue notwithstanding the appointment of the Beneficiaries. All rights and remedies that we have against you shall apply to the Beneficiaries. You confirm that you have provided the Beneficiaries with a copy of the ***Policy*** and this Endorsement, which cannot be modified except as provided for per the terms and conditions of the ***Policy***. All notices in connection with the ***Policy*** will be addressed to you alone.
6. This Endorsement shall be effective as of [month dd yyyy] and all ***Claim Payments*** made after this date shall be paid to the Beneficiaries, notwithstanding the dates of the receivables that are the subject of the ***Claim Payment***. This Endorsement remains in effect for any subsequent ***Policy Periods*** until the Beneficiaries provides us a written release of their interests, signed by their authorized signatories.
7. For the purposes of this Endorsement only, references to ***Claim Payments*** are also construed to include your share of any ***Recoveries*** collected by us or the Collection Services Provider.
8. This Endorsement cannot be amended or cancelled without the agreement of the Beneficiaries.

|  |  |  |
| --- | --- | --- |
| Bank 1 Signature |  | Insured Signature |
| Print Name |  | Print Name |
| Address |  | Address |
| Phone # |  | Phone # |
| Fax # |  | Fax # |
| Email |  | Email |
| Date |  | Date |

|  |  |  |
| --- | --- | --- |
| Bank 2 Signature |  | Bank 3 Signature |
| Print Name |  | Print Name |
| Address |  | Address |
| Phone # |  | Phone # |
| Fax # |  | Fax # |
| Email |  | Email |
| Date |  | Date |

This request is not binding upon Euler Hermes ACI. The rights of the Bank and the Policyholder with respect to the endorsement requested herein will be limited to the provisions of an endorsement to the above referenced policy actually issued by Euler Hermes ACI, which endorsement, if issued, may not necessarily contain provisions identical to those requested above.