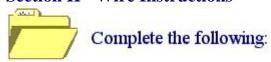
Short-term Multi-buyer Policy Claim Section H - Wire Instructions

Claim Control No.: CAP0001091 (Draft)



(* An asterisk denotes that a field is a required entry)

Routing Bank Name	*
Routing Bank Street Address	*
Routing Bank City	*
Routing Bank State	*
Routing Bank Zip	*
Routing Bank Contact Name	*
Recipient Bank Name	*
ABA#	*
Account Name	*
Account #	*
RE: Ex-Im # (AP #):	*
Attention:	*
Borrower:	*