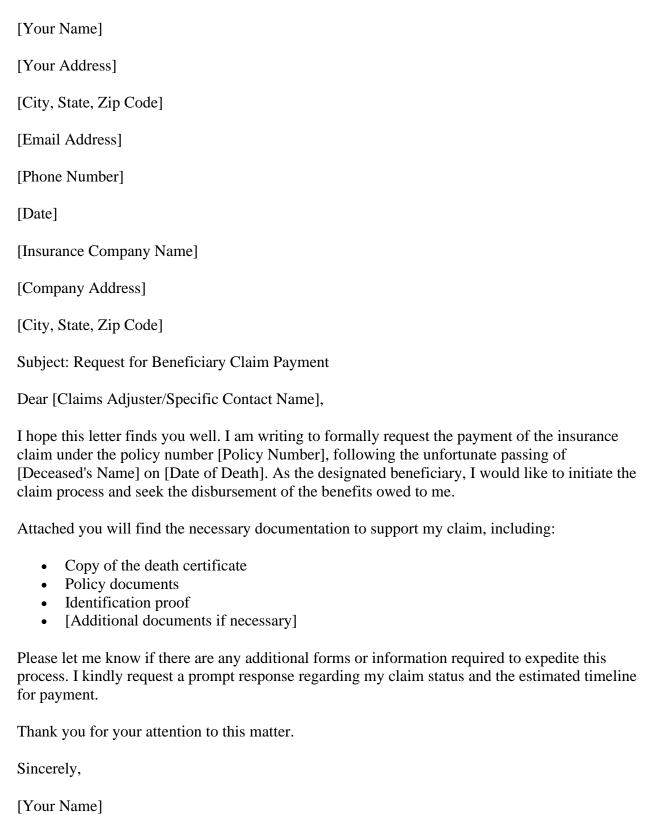
Beneficiary Claim Payment Request Letter



[Your Signature (if sending a hard copy)]