



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
IRREVOCABLE LETTER OF CREDIT

TO: Missouri Department of Labor and Industrial Relations (Beneficiary)
Division of Employment Security
P.O. Box 59
Jefferson City, MO 65104-0059

Amount U.S. \$ _____ Letter of Credit Line _____
Date of Issuance _____
At the Request of _____
Doing business as _____
of _____ State of _____.

We hereby issue our irrevocable letter of credit in favor of the Missouri Department of Labor and Industrial Relations, Division of Employment Security, in the sum of _____ dollars (\$_____) available by your demand for payment.

Demand under this irrevocable letter of credit must be accompanied by a statement of delinquent payment of contributions, payments in lieu of contributions, interest, penalties, and surcharges due the Missouri Department of Labor and Industrial Relations, Division of Employment Security, and marked "Drawn against irrevocable letter of credit number _____."

This obligation shall be deemed automatically renewed on an annual basis for a period of not less than five years from the date of this letter. This credit will expire in full and finally five years from the date of issuance. The issuing banking institution may cancel the letter of credit and be released of future liability hereunder by delivering 60 days' prior written notice to the Missouri Department of Labor and Industrial Relations, Division of Employment Security, at the address shown above. Cancellation shall not affect any liability incurred and accrued hereunder prior to the termination of the 60-day period.

Upon receipt of notification, you may make your one demand for payment for the unused balance of this irrevocable letter of credit, mentioning thereon our letter of credit number _____ accompanied by your signed statement that the agreement is still outstanding and that the proceeds of the payment will be retained and used in lieu of the letter of credit with any unused portion to be returned to the accountee.

We hereby engage with you that demands made in conformity with the terms of this credit will be duly honored on presentation.

In witness whereof, we have duly executed the foregoing this _____ day of _____, 20 ____.

Issuing Bank Institution

Address _____

City, State, ZIP Code _____

Bank Routing Transit Number _____

By _____

Signature and Title of Bank Official

Before me personally appeared _____ who acknowledges that s/he signed the foregoing as his/her free act and deed.

I have hereunto set my hand and affixed my official seal at my office in this _____ day of _____, 20 ____.

My term expires _____

Notary Public

IMPORTANT: If needed, call 573-751-3340 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE!: Si es necesario, llame al 573-751-3340 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711