WHY WE ARE CONTACTING YOU
To provide you with the condition under which deferment may be granted on your education loan(s) serviced by AES.

WHAT ACTIONS YOU NEED TO TAKE
If you would like us to consider your request for deferment, please have a certifying official provide specific program dates on the enclosed deferment form.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL
• Returned deferment applications are typically processed within 10 business days. You will receive a letter indicating whether your request has been approved or denied.

• It is important to continue to make payments until your deferment request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the deferment has been approved.

• If you are currently using our Electronic Funds Transfer, Direct Debit, payments will continue to extract until your deferment request is approved. Please note that if at any time you wish to suspend a monthly extraction, you need to contact us at least 3 business days prior to your due date.

• If you use a deferment or forbearance, your eligibility may be delayed for, or you may be disqualified for any incentive programs that your lenders may offer, such as cosigner release, interest rate reductions and rebates. If you have any questions regarding your eligibility and how this may impact your account, please contact us at 800-233-0557.

Short on time? View your payment history, pay online, check your balance, and more, at aesSuccess.org/accountaccess. Account Access is the quickest and easiest way to manage your student loan account -- so you’ll have more time to focus on the other priorities in your life.
SECTION 1: BORROWER INFORMATION

Borrower Account Number: ____________________________________________________
Borrower Name: ____________________________________________________________
Address: __________________________________________________________________
City: __________________________ State: __________ Zip: _______________________
Telephone Number: (_____) _______ Alternate Telephone Number: (_____) _______
Email Address: ____________________________________________________________

I consent to the lender and any other owner, holder, servicer, guarantor or insurer of my account to contact me about my account via autodialer or similar device and/or using a prerecorded or artificial voice or message for any lawful purpose utilizing any cellular telephone number(s) I provide, even if I am charged for the call under my phone plan. Providing my mobile or alternative telephone number(s) and electronic mail address(es) to the lender is voluntary and I am under no obligation to do so. If I do not elect to provide a mobile or alternative telephone number, or electronic mail address, it will not affect the consideration or disposition of my forbearance request.

SECTION 2: MEDICAL INTERNSHIP/RESIDENCY AUTHORIZED OFFICIAL’S CERTIFICATION

I certify that the borrower is eligible for the deferment and meets all of the requirements on the cover sheet.

Program Begin Date: __________ Program End Date: __________ Expected Graduation Date: __________
Institution/Organization Name: ______________________________________________________
DOE Code: _____________________________________________________________________
Telephone Number: (_____) _______
Address: ______________________________________________________________________
City: __________________________ State: __________ Zip: _______________________

My signature indicates that I am an Authorized Official and the certification above is true to the best of my knowledge.

Signature of Authorized Official __________________________ Name/Title of Official __________ Date __________

SECTION 3: DEFERMENT AGREEMENT

I meet the qualifications as stated in the cover letter for a Medical Internship/Residency Deferment and request my lender/servicer to defer repayment of my educational loan(s). If my loan program allows, accrued and unpaid interest may be capitalized, added to the principal balance, in accordance with the terms of my original promissory note. I understand that, should my situation under which I applied for the deferment change, I must notify my lender/servicer immediately.

Borrower Signature ______________________________________ Date __________

Return completed form to: American Education Services * P.O. Box 2461 * Harrisburg, PA 17105-2461

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