PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO DETERMINE WHETHER YOU NEED TO TAKE ACTION.

WHY WE ARE CONTACTING YOU

To provide you with a repayment option form for your privately insured loan(s).

WHAT ACTIONS YOU NEED TO TAKE

If you wish to apply, please complete the enclosed application and include the required documentation as detailed on the application.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- If you receive the MGRS repayment schedule, please understand that your installment payment(s) may be higher than your current one(s) after the completion of the two year period.

- Returned 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 alternative repayment option has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the account is brought current either by payment or a retroactively applied forbearance.

- If you are currently using our Electronic Funds Transfer Service, Direct Debit, payments will continue to extract until your forbearance 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.

- Any forbearance retroactively applied will not result in the retraction of any negative reports on your credit file.

PS06BFRBT

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.
PRIVately INSURED LOAN
Repayment Option Form

BORROWER ACCOUNT NUMBER ____________________________

BORROWER NAME ____________________________

ADDRESS ____________________________________________

CITY ____________________________ STATE _______ ZIP CODE ______

TELEPHONE NUMBER ( ___ ) _______ - ____________________________

ALTERNATE TELEPHONE NUMBER ( ___ ) _______ - ____________________________

WORK TELEPHONE NUMBER ( ___ ) _______ - ____________________________

EMAIL ADDRESS ______________________________________

Section 1:
If your financial situation is making it hard to make timely payments on your education loan(s), you may want to consider a MODIFIED GRADUATED REPAYMENT SCHEDULE (MGRS). This schedule offers:

• 12 months of payments at 50% of the regular monthly principal and interest payment amount.
• 12 months of interest only payments equaling 31 days of interest.
• A return to full principal and interest payments for the balance of your loan period.

These payments may be higher than your previous monthly payments due to the 24 months of reduced payments listed above.

________ Yes, I would like to apply for the MGRS (If you are applying for the MGRS, you may skip Section 2 and go to section 3.

________ No, I am unable to make at least 50% of my regular monthly payment for the following reasons:

________________________________________________________________________

________________________________________________________________________

Section 2:
If your financial difficulties prevent you from making timely payments under a Modified Graduated Repayment Schedule (MGRS) on your Privately Insured loan(s), you may be eligible for a Forbearance. Forbearance is granted at the owner's discretion for a few months as an alternative to regular monthly payments. The Forbearance is normally granted in increments of one to six months, with a maximum of twelve months during the life of the loan. The Forbearance period may be backdated to cover periods of delinquency, if any exist. However, any negative reports that were submitted to credit bureaus will not be removed if the Forbearance is granted retroactively.

________ Yes, I hereby request a Forbearance for all of my eligible Privately Insured loan(s). If the Forbearance is being requested for specific loans, please list the first disbursement dates of each:

________________________________________________________________________

Number of months you are requesting Forbearance:_____________________________

[Signature]
Section 3:
You must continue making your regular monthly payments until the Forbearance or MGRS has been approved. You will receive written notice of the approval or denial of this request, after it has been processed.

I certify that I am unable to make payments according to the present terms of my loan(s). I understand that accrued and unpaid interest will be capitalized at the expiration of the MGRS or Forbearance period, and included in a new repayment schedule. This new repayment schedule will decrease my repayment period and increase my monthly payment amount.

I understand this request and all supporting documentation will remain the property of the lender, and/or its agent. The owner reserves the right to obtain a copy of my credit report. Additional debt incurred or preferential payments to other creditors could result in the denial or termination of my forbearance request. I understand that should my situation under which I applied for Forbearance change, I must immediately notify AES Graduate and Professional Services. The above information is true and correct to the best of my knowledge. I understand that misrepresentation may lead to the denial of my request. I have read and understand and agree to the terms of this request. If I selected MGRS, I understand that I have agreed to amend the repayment terms of the original promissory note for my Privately Insured loan(s).

Borrower Signature ____________________________ Date ____________________________

* SELECT EITHER MGRS OR ECONOMIC HARDSHIP FORBEARANCE, BUT NOT BOTH *

** ALL ITEMS MUST BE COMPLETED OR INDICATE "N/A", ANY INCOMPLETE ITEM WILL BE CAUSE FOR DENIAL. **

THIS SECTION MUST BE COMPLETED FOR ACCOUNTS WITH CO-BORROWERS:

1st CO-BORROWER ____________________________ TELEPHONE NUMBER (_____) ____________________________
ACCOUNT NUMBER ____________________________ ALTERNATE PHONE NUMBER (_____) ____________________________
ADDRESS ____________________________ EMPLOYER NAME ____________________________
CITY ____________________________ STATE ___ ZIP ___ EMPLOYER TELEPHONE NUMBER (_____) ____________________________
EMAIL ADDRESS ____________________________

2nd CO-BORROWER ____________________________ TELEPHONE NUMBER (_____) ____________________________
ACCOUNT NUMBER ____________________________ ALTERNATE PHONE NUMBER (_____) ____________________________
ADDRESS ____________________________ EMPLOYER NAME ____________________________
CITY ____________________________ STATE ___ ZIP ___ EMPLOYER TELEPHONE NUMBER (_____) ____________________________
EMAIL ADDRESS ____________________________

RETURN COMPLETED FORM TO: American Education Services
P.O. Box 2461
Harrisburg, PA 17105-2461

Fax: 717-720-3916