WHY WE ARE CONTACTING YOU
To provide you with the conditions under which deferment may be granted on your private 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 enrollment or 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.

• You may be required to make payments on the accrued interest amount(s) during periods of deferment. If so, monthly statements will be sent 20 days in advance of your payment due date providing the amount(s) owed.

• If you are currently using our Electronic Funds Transfer Service, 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.
PRIVATE EDUCATION LOAN
REQUEST FOR DEFERMENT

READ BEFORE COMPLETING FORM. ALL ITEMS RELEVANT TO YOUR REQUEST MUST BE COMPLETED
**INCOMPLETE ITEMS MAY BE CAUSE FOR DENIAL**

SECTION 1: BORROWER INFORMATION

Borrower Account Number:________________________
Borrower Name:_________________________________
Address: ________________________________________
City: __________________ State: ___________ Zip: ________
Telephone Number: (_____) – (_____) Alternate Telephone Number: (_____) – ________
Email Address: ____________________________________________________________________________
Employer Name: ___________________________________________ Employer Telephone Number (_____) – ________

I consent to the lender and any other owner, holder, servicer, guarantor or insurer of my account to contact me about my account via autodailer 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 deferment request.

SECTION 2: AUTHORIZED OFFICIAL’S CERTIFICATION

☐ SCHOOL ☐ FullTime ☐ HalfTime
☐ MEDICAL INTERNSHIP/RESIDENCY

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 the deferment type checked above and request my lender/servicer to defer repayment of my eligible education 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 credit agreement. I understand that in accordance with the terms of my original credit agreement, I may be required to pay accrued interest during periods of deferment. I understand that, should my situation under which I applied for 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