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

WHY WE ARE CONTACTING YOU

To provide you with a Public Service Deferment application for your National Guard Educational Assistance Program (NGEAP) loan(s).

CRITERIA TO QUALIFY

- You must be on Active Duty in the Armed Forces of the United States and must provide our office with copies of military identification and orders, or have the commanding officer certify Section 2.

- If you are listed in a reserve component of the Armed Forces of the National Guard, you must be serving full-time for a period expected to last at least one (1) year or serving under an order for national mobilization.

- You must be serving as a member of VISTA or Peace Corps.

WHAT ACTIONS YOU NEED TO TAKE

If you would like to apply for this deferment, complete the application in its entirety and include the required documentation, if applicable.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- Returned deferment applications are typically processed within 20 days of receipt. 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 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.

Shortly: 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.
National Guard Educational Assistance Program

Public Service Deferment Request

AES Graduate and Professional Services
P.O. Box 2461
Harrisburg, PA 17105-2461
Fax: 717-720-3916

Please enter or correct the following information. If correction, check this box: ☐
Account Number __________________________
Name __________________________
Address __________________________
City, State, Zip __________________________
Telephone -- Home __________________________
Telephone -- Other __________________________

Section 1 - Deferment Request - Must be completed by borrower. See definitions and eligibility criteria in the preceding cover letter.

I meet the qualifications for the deferment checked below and request that AES defer repayment of my grant.

CHECK ONE
☐ While I am on active duty in the Armed Forces of the United States. (Maximum Eligibility is three years)
☐ While I am a member of VISTA or the Peace Corps. (Maximum Eligibility is three years. This is a combined limit with Armed Forces deferments)

Borrower Understandings and Certifications
I understand that: (1) My deferment will begin no more than six months before the date AES receives this request or the date the deferment condition began, whichever is later; (2) AES will not grant this deferment request unless all applicable sections of this form are completed and any additional documentation required is provided; and; (3) Principal and interest payments will be deferred. I understand that any interest which accrues during my deferment period will be capitalized to the extent such amounts are not paid by me prior to the conclusion of any approved deferment periods. This will increase the principal balance of my NGEAP account.
I certify that: (1) The information provided in Section 1 above is true and correct; (2) I will provide additional documentation, as required, to AES to support my continued deferment status; (3) I will notify AES immediately when the condition that qualified me for the deferment ends; and (4) I have read, understand, and meet the conditions of the deferment for which I have applied.

Borrower Signature __________________________ Date __________________________

Section 2 - Authorized Official's Certification - Please print or type

I certify, to the best of my knowledge and belief, that the borrower named above was engaged in the service indicated in Section 1, and that the borrower and the borrower's service meet the eligibility requirements specified in the cover letter.

The borrower's service began (MM-DD-YY) ________ and is expected to end (MM-DD-YY) ________. Name of Organization __________________________

Date __________________________
Address __________________________ Telephone ( ) __________________________
City, State, Zip __________________________
Signature of Authorized Official __________________________

Name/Title of Authorized Official __________________________

Return completed form to address listed above.