

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: _____

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 _____