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

WHY WE ARE CONTACTING YOU

To provide you with a deferment application for your privately-insured Universal GATE Education Loan(s).

WHAT ACTIONS YOU NEED TO TAKE

If you would like to apply for this deferment, complete the application in its entirety.

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.

DID YOU REMEMBER TO?

☐ Sign and date the second page of the deferment application.

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.
GATE DEFERMENT AGREEMENT

Account Number _______/_______/_______

Borrower Name ____________________________________________

Address __________________________ City ______________________ State ______ Zip Code ______

Telephone Number (____ ) __________ - __________ Email Address __________________________________

I consent to the lender and any other owner, holder, servicer, guarantor or insurer of my account contacting 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 deferment request.

☐ School Deferral: _____ Full Time _____ Half Time
☐ AmeriCorps: 12 months maximum
☐ Jesuit Volunteer Corps: 24 months maximum
☐ Peace Corps: 36 months maximum
☐ Internship/Residency: 24 months maximum

CERTIFICATION OF ELIGIBILITY

MUST BE COMPLETED BY AN AUTHORIZED OFFICIAL

SCHOOL PARTICIPANTS:
Please be advised that for the academic period from ___/____/____ to ___/____/____ the above mentioned student is enrolled ___Full Time _____ Half Time in a degree program. The expected graduation date is ___/____/____.

School Name ___________________________ Department of Education Code ______________

Signature of Certifying Official ___________________________ Print Name and Title ___________________________ Date ______

PUBLIC SERVICE PROGRAM PARTICIPANTS:
Please be advised that for the period from ___/____/____ to ___/____/____ the above mentioned applicant is certified as a participant in the ___________________________ Program.

Signature of Certifying Official ___________________________ Print Name and Title ___________________________ Date ______

INTERNSHIP/RESIDENCY PARTICIPANTS:
Program Begin Date ___________ Program End Date ___________ Expected Grad Date ___________

Institution/Organization Name ___________________________ DOE Code ___________

Address __________________________ City __________________________ State ______ Zip Code ______

Telephone Number __________________________

Signature of Certifying Official ___________________________ Name/Title of Official ___________________________ Date ______
I understand that my deferment will begin no more than three months before the date my lender/servicer received this request or the date the deferment condition began, whichever is later. My lender/servicer will not grant this deferment request unless all applicable sections are completed.

I request a deferment of payments on my GATE loan(s) in accordance with the terms of the promissory note(s). Payments will be deferred; however, interest will continue to accrue on my account and I am responsible for paying that interest. By accepting this deferment, I acknowledge that my lender/servicer will capitalize (add to principal balance) all interest that accrues during my deferment period to the extent permitted by law.

I certify that the information provided above is correct and will provide additional documentation, as required, to my lender/servicer to support my continued deferment status. I will notify my lender/servicer immediately when my condition(s) that qualified me for the deferment ends. By signing this form, I have read, understand and agree to meet the terms and conditions of the deferment for which I have applied. I request this deferment to be applied to all eligible GATE loans.

______________________________  _______________________________
Borrower Signature                  Date

Please return completed form to: AES • P.O. Box 2461 • Harrisburg, PA 17105-2461