



American Education Services

American Education Services
P.O. Box 2461 Harrisburg, PA 17105-2461
Toll-free 1-800-233-0557 • TDD 717-720-2354
Fax 717-720-3931 or 717-720-2774
www.aesSuccess.org • International 717-720-3500

DEAR CUSTOMER:

This letter is to advise you of the terms under which a forbearance may be granted on your Heal loan(s). For us to consider granting a forbearance on your loan(s), please complete the enclosed forbearance form and return it to us as soon as possible. The forbearance may be granted for a period of up to six months.

If your request is approved, we recommend you make payments of part or all of the interest shown on your quarterly interest notices. By making a payment to cover some or all of your accrued interest, it will indicate your intent to repay this loan. If you do not pay the accrued interest charges from the forbearance period, the outstanding interest will be added to the principal balance of your loan(s) at the end of the forbearance or be incorporated into your monthly payment amount in accordance with your promissory note. This may result in a longer repayment term and/or higher monthly payment amounts for each loan.

If you have any questions, please contact our office. Loan Counselors are available Monday through Friday, from 7:30 a.m. to 9 p.m., ET.

Shelly K. Bowman
Assistant Vice President
American Education Services



American Education Services

American Education Services
P.O. Box 2461 Harrisburg, PA 17105-2461
Toll-free 1-800-233-0557 • TDD 717-720-2354
Fax 717-720-3931 or 717-720-2774
www.aesSuccess.org • International 717-720-3500

For our office to process your Heal Forbearance request, please complete the following:

- 1. Are you employed? Full Time _____ Part Time _____
2. Current employer? _____ Number of Years? _____
3. Net income per month? _____
4. Describe the circumstances that prevent you from making payments on your loan(s). Provide detailed information when you anticipate making regular monthly payments. If additional space is needed, use the back of this form.

Four horizontal lines for providing detailed information for question 4.

If your request is approved, we recommend you make payments of part or all of the interest shown on your quarterly interest notices. If you do not pay the accrued interest charges from the forbearance period, the unpaid interest amount will be added to the principal balance of your loan(s) at the end of the forbearance or be incorporated into your monthly payment in accordance with your promissory note. This may result in a longer repayment term and/or higher monthly payment amounts for each loan. Any payments made would reduce the outstanding accrued interest due at the end of the forbearance period. By signing this form, I signify that I understand and agree to receive forbearance as described above.

Signature of Borrower Date

Borrower's Name (Please Print) Account Number

Signature of Lender Representative Date