



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

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/forbearance application for your Citizens Bank loan(s) serviced by AES.

WHAT ACTIONS YOU NEED TO TAKE

If you wish to apply for either the deferment or forbearance, complete the application in its entirety and include the required documentation as detailed on the application.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- Returned applications are typically processed within 10 business 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 request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the request has been approved.
- If you are currently using our Electronic Transfer Service, Direct Debit, payments will continue to extract until your 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.
- Any deferment/forbearance retroactively applied will not result in any retraction of negative reports on your credit file.



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.

CITIZENS BANK ALTERNATIVE LOAN REQUEST FOR DEFERMENT

PLEASE COMPLETE ALL FIELDS BELOW. YOUR REQUEST MAY BE DENIED IF THE FORM IS NOT COMPLETED CORRECTLY.

ACCOUNT NUMBER _____/_____/_____

BORROWER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ - _____ ALTERNATE TELEPHONE NUMBER (____) _____ - _____

WORK TELEPHONE NUMBER (____) _____ - _____ EMAIL ADDRESS _____

- SCHOOL DEFERMENT/SCHOOL FORBEARANCE: ____ FULL TIME ____ HALF TIME
 INTERNSHIP/RESIDENCY
- If you have graduated, please provide documentation (i.e. such as a diploma or school letter).

AUTHORIZED OFFICIAL'S CERTIFICATION REQUIRED FOR DEFERMENT PLEASE PRINT OR TYPE

PROGRAM BEGIN DATE _____ PROGRAM END DATE _____ EXPECTED GRAD DATE _____

PLEASE SELECT THE APPROPRIATE DISCIPLINE:

- ALLOPATHY
 DENTISTRY
 OPTOMETRY
 OSTEOPATHY
 PODIATRY
 PHARMACY
 VETERINARY MEDICINE

INSTITUTION/ORGANIZATION NAME _____ DOE CODE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER _____

SIGNATURE OF AUTHORIZED OFFICIAL _____ NAME/TITLE OF OFFICIAL _____ DATE _____

My signature indicates that I am an Authorized Official and I have read and agree that the certification above is true to the best of my knowledge.

I meet the qualifications as stated in the cover letter for the deferment/forbearance type checked above and request my lender/servicer to defer repayment of my educational 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 original promissory note. I understand that, should my situation under which I applied for the 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