



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:

Enclosed is an Administrative Forbearance Request form, along with the eligibility requirements, for your privately-insured student loan(s) serviced by us. Please read the information carefully and complete the enclosed form, and return it as soon as possible. You will be notified by mail of the approval or denial of your request.

If you have any questions or need additional information, please contact us at the address or telephone number shown above. Our business hours are Monday through Friday, from 7:30 a.m. to 9:00 p.m., E.T. Please include your account number and e-mail address (if applicable) on all correspondence.

Customer Service Department
American Education Services

Enclosure(s)



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.

ELIGIBILITY CRITERIA FOR IN SCHOOL FORBEARANCE

- (1) I am engaged and continuing in an authorized, accredited graduated or professional school or program.
- (2) I must be continuing my studies at an authorized, accredited school or program in a field of study for which I have previously received private loan funds.
- (3) My program must be required before I may be certified for professional practice or service.
- (4) I must be enrolled at least half-time in an approved graduate or professional school/program.
- (5) I must provide AES Graduate and Professional Services with documentation or certification from an authorized official showing the beginning and ending dates of the program or have the authorized official complete this form.



ADMINISTRATIVE FORBEARANCE REQUEST

**READ BEFORE COMPLETING FORM. ALL ITEMS RELEVANT TO YOUR REQUEST MUST BE COMPLETED.
** INCOMPLETE ITEMS MAY BE CAUSE FOR DENIAL. ****

ACCOUNT NUMBER _____
 BORROWER NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER (____) _____ - _____
 ALTERNATE PHONE NUMBER (____) _____ - _____ EMAIL ADDRESS _____

Return Completed Form To:
 AES Graduate and Professional Services
 P.O. Box 2461
 Harrisburg, PA 17105-2461
 Fax: 717-720-3931

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

REQUEST TYPE - Must be completed by borrower.

I meet the qualifications stated on the reverse side for the forbearance checked below and request that AES Graduate and Professional Services approve forbearance for my eligible privately guaranteed loans. CHECK ONE:

- Align Repayment:** Forbearance is available while I am in an interim period prior to repayment and have two or more eligible loans, including at least one loan with a nine month interim period and at least one loan with a six month interim period. (Granted for up to three months.)
- In School:** Forbearance is available while I am enrolled, at least half time, in an approved accredited school and continuing in the discipline for which I obtained my loan. (Granted if certified by an authorized official, confirming discipline in the box below for up to the length of academic period not to exceed 12 months.) (The status of my enrollment is indicated below.)
 - * Original Field of Study (Discipline) _____
 - * Current Field of Study (Discipline) _____

PLEASE NOTE: Forbearance requests for In School Forbearance require certification by an authorized official before your request can be considered by AES Graduate and Professional Services.

AUTHORIZED OFFICIAL'S CERTIFICATION - Required for In School forbearance above. Please print or type.

Current Term Begin Date ____/____/____ Current Term End Date ____/____/____ Status: _____
F = Full Time H = Half Time

Field of Study (Discipline) _____ Dept. of Ed. School Code _____

Name of Institution/Organization _____

Address _____

City _____ State _____ Zip _____ Telephone Number _____

Signature of Authorized Official Name/Title of Authorized Official Date

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

I understand that any unpaid interest will be added to the outstanding balance at the end of the forbearance period. My monthly payments will be calculated at the end of the forbearance based on the new principal balance (including capitalized interest, if any) and will extend my repayment period. I understand that interest will continue to accrue on the unpaid principal balance (including capitalized interest, if any) during the forbearance period and the extension of the repayment period.

I understand that should my situation under which I applied for forbearance change, I must notify AES Graduate and Professional Services. In addition, I understand that this forbearance will be applied to all eligible loans.

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 contents of the application for forbearance.

BORROWER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Date Reviewed: ____/____/____ Examiner: _____ ____ APPROVED ____ DENIED