



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 forbearance application for your Bank of America privately insured loan(s).

WHAT ACTIONS YOU NEED TO TAKE

If you wish to apply, please complete the enclosed application 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. You will receive a letter indicating whether your request has been approved or denied.
- It is important to continue to make payments until your alternative repayment option has been approved. If you are currently using *Direct Debit*, our electronic funds transfer service, please contact us at least 3 business days prior to your due date if you wish to suspend your monthly debit. If your loan(s) becomes delinquent, collection activities will continue until the account is brought current either by payment or a retroactively applied forbearance. Any forbearance retroactively applied will not result in the retraction of any 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.

BANK OF AMERICA PRIVATELY INSURED LOAN FORBEARANCE REQUEST FORM

Forbearance is provided as an alternative to regular monthly payments. The forbearance is available for a maximum of 12 months granted in increments no greater than 2 months. FORBEARANCE IS GRANTED AT THE DISCRETION OF THE OWNER.

Please complete all fields below. Your request may be denied if the form is not completed correctly.

BORROWER INFORMATION		
Borrower Account Number:	_____	
Borrower Name:	_____	
Address:	_____	
City:	State: _____	Zip Code: _____
Telephone Number: () - _____	Alternate Telephone Number: () - _____	
Email Address:	_____	
Employer Name:	Employer Telephone Number: () - _____	
<p><i>By providing a telephone number(s), I am expressly consenting to my schools, Department of Education, servicer, guarantor, owner, holder of my loan(s) or any of their respective agents or affiliates to contact me via automatic telephone dialing system or similar device and/or using a prerecorded or artificial voice or message and/or by text message utilizing the telephone number(s) I provide which are associated with any wireless (mobile/cellular) phone or similar device or any other type of telephone number (including VoIP) regardless of the purpose of the communication, even if such a communication incurs an access fee/charge from my provider/plan.</i></p>		

CO-BORROWER INFORMATION		
THIS SECTION MUST BE COMPLETED FOR ACCOUNTS WITH CO-BORROWERS		
1ST CO-BORROWER _____	Telephone Number () _____	
Account Number _____	Alternate Telephone Number () _____	
Address _____	Employer Name _____	
City _____ State _____ ZIP _____	Employer Telephone Number () _____	
Email Address _____		
2ND CO-BORROWER _____	Telephone Number () _____	
Account Number _____	Alternate Telephone Number () _____	
Address _____	Employer Name _____	
City _____ State _____ ZIP _____	Employer Telephone Number () _____	
Email Address _____		

SECTION 1: Forbearance
<p>If your financial difficulties prevent you from making timely payments on your loan(s), you may be eligible for Forbearance. Forbearance is granted at the loan Owner's discretion for a few months as an alternative to regular monthly payments. The Forbearance is normally granted in increments of one to two 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.</p>
<p>_____ Yes, I hereby request Forbearance for all my private loans. If the Forbearance is being requested only for specific loans, please list the first disbursement date of each: _____</p>
<p><input type="checkbox"/> Temporary Hardship Please indicate the reason for your request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outside Collection Agency requests to "bring out of their office"/collections <input type="checkbox"/> Unemployment/Lack of employment/Inadequate employment <input type="checkbox"/> In School/going back to school <input type="checkbox"/> Other debt/student loans that render unable to make payment <input type="checkbox"/> Unable to afford monthly installments <input type="checkbox"/> Unable to catch up with delinquency / rolling delinquency
<p><input type="checkbox"/> Grace Extension</p>

SECTION 2:

You must continue making your regular monthly payments until the Forbearance 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 and agree that accrued and unpaid interest will be capitalized at the expiration of the 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 Owner. 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. 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.

Borrower Signature _____ Date _____

****ALL ITEMS MUST BE COMPLETED OR INDICATE, "N/A". ANY INCOMPLETE ITEM WILL BE CAUSE FOR DENIAL.****

PLEASE RETURN COMPLETED FORM TO: American Education Services * P.O. Box 2461 * Harrisburg, PA 17105-2461