



**American Education Services**  
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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 SunTrust Private Student Loan program(s).

### **WHAT ACTIONS YOU NEED TO TAKE**

If you feel you qualify and would like to apply for a deferment, complete the application in its entirety and include the required certification as detailed on the application.

### **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.
- If your deferment request is approved, you will be sent interest statements. If you choose not to pay the interest charges, it will be capitalized (added to the principal balance) at the end of the deferment period. Keep in mind that this may result in a higher monthly installment amount.
- 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.



*Short on time? View your payment history, pay online, check your balance, and more, at [aesSuccess.org/accountaccess](http://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.*

# SunTrust Bank Private Student Loan Request for Deferment

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

## SECTION 1: BORROWER INFORMATION

Borrower Account Number: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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 SunTrust 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.

**In-school Deferment**  
*Must be enrolled at least half-time*

**Internship/Residency Deferment**  
*Must be appointed to an internship or residency program*

## SECTION 2: BORROWER DEFERMENT AGREEMENT

I meet the qualifications as stated above for the deferment type checked and request SunTrust to defer repayment of my private educational loan(s). By applying for this deferment, I acknowledge that accrued and unpaid interest may be capitalized (added to the principal balance) at the end of the deferment period as certified by the institution in Section 3 below. I understand that, should my situation under which I applied for the deferment change, I must notify SunTrust immediately. I request that this deferment be applied to all eligible SunTrust private student loans.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

## SECTION 3: CERTIFICATION OF ELIGIBILITY

### IN-SCHOOL DEFERMENT:

I certify, to the best of my knowledge and belief that the borrower named above is enrolled

Full-time  Half-time for the academic period from: \_\_\_\_\_ to \_\_\_\_\_

Expected Grad Date: \_\_\_\_\_ Institution/Organization Name: \_\_\_\_\_

DOE Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name/Title of Official

\_\_\_\_\_  
Date

### INTERNSHIP/RESIDENCY DEFERMENT:

I certify, to the best of my knowledge and belief, that the borrower named above has been appointed to a

Medical Internship  Medical Residency Program for the period from: \_\_\_\_\_ to \_\_\_\_\_

Institution/Organization Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name/Title of Official

\_\_\_\_\_  
Date