



PLUS DEPENDENT IN-SCHOOL FORBEARANCE FORM
(Reduced Payment/Suspension of Payment)

On behalf of your lender (Edamerica, Edsouth, ESA, ASLA, Chase, Compass Bank, FAME, Finansure, First Horizon, First Tennessee Bank, HSBC, IDAPP, Lela, MES, Redstone Federal Credit Union, Simmons First National Bank, Trinity Higher Education Authority, US Bank), Edfinancial Services is offering PLUS borrowers an option to pay interest only or receive a total suspension of payments on their PLUS loans while the dependent student is in school at least half time for up to four years. PLUS borrowers need to complete this form annually to be eligible for this repayment option. This form, as well as verification of the dependent student's enrollment, must be completed to establish eligibility.

ACCOUNT NUMBER _____

NAME _____

Please check here if new address.

ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

Please choose a payment option: Interest-Only Payments Total Suspension of Payments

This form serves as my formal request to enroll in the PLUS Dependent In-School Forbearance for one year. I certify that I am a PLUS borrower and that my dependent student is currently enrolled in school. I also certify that my loan(s) is not delinquent. If my account is delinquent, and I am currently unable to pay the delinquent amount, I should complete page two of this form to request a Temporary Hardship Forbearance to clear past delinquency. I understand that while I am participating in this plan, I am not using any of my maximum repayment term (10-25 years depending on loan eligibility). When my child is no longer enrolled in school at least half time, or four years (48 months) of participation in this plan have been exhausted, whichever comes first, I will have up to 10-25 years to repay my PLUS loan in full.

If I choose the "Interest-Only Payments" option, I understand that I will receive a monthly bill that will be equal to the interest that has accrued on my principal balance. I understand that these payments are due on a monthly basis and if I reach a delinquency of 20 days or more, I will be removed from the PLUS Dependent In-School Forbearance, my lender may capitalize the accrued interest, and I will be placed on the level repayment schedule that will include interest and principal payments.

If I choose the "Total Suspension of Payments" option, I understand that I will receive semiannual interest statements; however, I will not be required to make any payments, and any interest accrued during the forbearance will be capitalized upon repayment.

I understand and agree to the terms and conditions contained on this form. I am requesting a PLUS Dependent In-School Forbearance be placed on my loans from:

___ / ___ / ___ to ___ / ___ / ___

BORROWER SIGNATURE

DATE

In order to be approved for a PLUS Dependent In-School Forbearance on your PLUS loan(s), you **must**:

1. **Read** and understand this form.
2. **Complete** your account number, name, and address above. **Check** the change of address box above, if applicable.
3. **Choose** either the Interest-Only or Total Suspension option.
4. **Enter** the dates you wish the PLUS Dependent In-School Forbearance to be applied.
5. **Submit** verification of the dependent student's enrollment.
6. **Sign** and date this form.
7. **Ensure** that your account is current; use the Temporary Hardship Forbearance if needed.
8. **Return** completed forms to:

Edfinancial Services
P. O. Box 36014
Knoxville, TN 37930-6014
Fax (865) 692-6386

If you wish to be considered for a **Temporary Hardship Forbearance** to bring your account current:

1. Complete the **REQUEST FOR FORBEARANCE** section below **if** your loan(s) has outstanding delinquency.

Note: To be approved, you must have adequate forbearance time available.

2. **Write** your account number on the front of the form.

3. **Check** the box for change of address if applicable.

4. **Read** and **sign** the REQUEST FOR FORBEARANCE below if your account is currently delinquent.

5. **Return** the form by mail or fax with your PLUS Dependent In-School Forbearance Form.

REQUEST FOR FORBEARANCE

I AM REQUESTING A **TEMPORARY HARDSHIP FORBEARANCE** to resolve the outstanding delinquency on my loan(s) so that the Plus Dependent In-School Forbearance may be applied. I authorize Edfinancial Services to grant the forbearance for up to a maximum of twelve (12) months and backdate it as needed to cover any of the delinquency on my loan(s) at the time the form is processed. I authorize Edfinancial Services to grant forbearance on all of my loans which fall under the guidelines for federally insured loans.

I will resume repayment of the debt within forty-five (45) days of the forbearance end date as determined by Edfinancial Services. I understand that any outstanding interest accrued during the Temporary Hardship Forbearance will be added to and become part of the principal balance of the loan(s) at the end of the forbearance period.

The above information is true and correct to the best of my knowledge. I understand and agree to the terms and conditions contained on this form.

BORROWER SIGNATURE

DATE