



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

Note: If your Federal PLUS loan was disbursed on or after July 1, 2008, you may qualify for a Federal Parent PLUS Borrower Deferment; this form can be found on www.edfinancial.com.

On behalf of your lender, 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. Participating lenders are: Edamerica, Edsouth, ESA, ASLA, Chase, Compass Bank, CSLF, First Horizon, First Tennessee Bank, HSBC, IDAPP, Lela, MES, Redstone Federal Credit Union, and US Bank.

SECTION 1: Borrower Identification

Account Number _____

Name _____

Address _____

Email Address _____

Telephone Number (____) _____ - _____ Alternate Telephone Number (____) _____ - _____

PLEASE CHECK HERE FOR
CHANGE OF ADDRESS

SECTION 2: Forbearance Request

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 am requesting a PLUS Dependent In-School Forbearance be placed on my loans from: ___ / ___ / ___ to ___ / ___ / ___.

By submitting this request, I authorize Edfinancial Services to apply a Temporary Hardship Forbearance (if available) to cover any delinquency that may exist on my account prior to the start date requested. 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.

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

I understand and agree to the terms and conditions contained on this form. I understand that verification of the dependent student's enrollment* must be provided in order for my request to be processed.

BORROWER SIGNATURE _____

DATE _____

Return this completed form with Verification of Enrollment* to:

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

*Verification of Enrollment, signed or certified by a school official, should be included with this form; this Verification is typically provided by the school's Admissions or Registrar office.