

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN: - -

Name:

Address:

City, State, Zip Code:

Telephone - Primary: ()

Telephone - Alternate: ()

Email (optional):

SECTION 2: Forbearance Eligibility and Request

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 receive a total suspension of payments on their PLUS loan(s) 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. Participating lenders are: ASLA, Compass Bank, CSLF, First Horizon, First Tennessee Bank, HSBC, IDAPP, Lela, MES, Redstone Federal Credit Union, and US Bank. This form, as well as verification of the dependent student's enrollment, must be completed to establish eligibility.

Plus One Loan Forbearance (Eligible to receive up to 12 months per forbearance request.) NOTE: Unless you request a shorter period, the forbearance will be applied to cover all outstanding delinquency before covering future months of repayment.

I prefer a shorter forbearance period (state the month/year you wish the forbearance to end)

(If the date indicated requires more than 12 months of forbearance, the forbearance will be granted for 12 months—the maximum period of eligibility per forbearance request):

If you are not eligible for a PLUS One Loan Program forbearance, a hardship forbearance will be processed. Forbearance eligibility requirements and forbearance maximums will apply.

SECTION 3: Forbearance Agreement

Forbearance Agreement:

By signing below, I certify that I am willing to repay my loan(s) but am unable to do so at this. I understand that interest will continue to accrue during this period and that unless I pay the interest, it will be capitalized (added to the principal balance of the loan) at the end of the forbearance period. I will resume repayment upon expiration of the forbearance and I agree to repay this loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

I expressly authorize Edfinancial and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

Borrower Signature

Date

Co-maker Signature (if applicable)

Date

SECTION 4: WHERE TO SEND THE COMPLETED FORM AND SUPPORTING DOCUMENTATION

**Return the completed form and any
required documentation to:**

Edfinancial Services
P.O. Box 36014
Knoxville, TN 37930-6014
(Fax) 865.692.6386

If you need help completing this form, call:

Edfinancial Services
1.800.337.6884
www.edfinancial.com