



- (4) After the nine (9) qualifying payments have been made, the loan may be considered for purchase by an eligible lender to complete the loan rehabilitation. I understand that I must continue to make payments to Student Loan Guarantee Foundation of Arkansas beyond the required minimum period until I am notified in writing by Student Loan Guarantee Foundation of Arkansas or my new lender that the sale has been completed and that I am to begin making payments directly to my lender.
- (5) Once my loan is rehabilitated and is no longer in default, the national credit bureaus will be notified to delete the derogatory credit rating previously reported by the guarantor in reference to the loan.
- (6) The collection costs that have been added will be reduced to 18.5% of the unpaid principal and accrued interest at the time of the loan rehabilitation. The adjusted collection cost as well as any interest that I owe at the time my loan(s) is sold will be capitalized by the lender, that is, the lender will add any unpaid interest to the principal I owe on the loan(s) and this will become the new principal balance on the loan(s). Interest will then accrue on this new higher principal.
- (7) After the sale of my loan(s), any payments made to Student Loan Guarantee Foundation of Arkansas will be forwarded to my lender for credit to my account. Any involuntary payment (treasury offset) or payments on file will be refunded to me at the address on my billing statement.
- (8) Once my loan(s) are rehabilitated, I can apply for additional financial aid if I return to school. I will also regain remaining deferment and forbearance eligibility on the rehabilitated loan(s).
- (9) My new lender will establish a new due date and will calculate a new monthly payment amount based upon the balance owed at the time of sale. The amount of the required monthly installment payment may substantially increase.
- (10) I may object to the rehabilitation terms outlined in the form by contacting Financial Asset Management Systems, Inc. at 1-877-291-2646.

To participate in the loan rehabilitation program and take advantage of the benefits above we must receive this completed form back with your signed approval. Once we receive this form with your signature, and you have made nine (9) on-time, qualifying payments, your loan(s) will be considered for loan rehabilitation. If the loan(s) is rehabilitated, we will notify you once the loan rehabilitation is complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Printed Name: \_\_\_\_\_  
Last Name First Name

Signed Name: \_\_\_\_\_  
Last Name First Name

Social Security Number: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

Authorization Form for Automated Payment Plan

This authorization will remain in effect until my loan(s) are Paid in Full.

Financial Institution's Name: \_\_\_\_\_

Financial Institution's City: \_\_\_\_\_ State: \_\_\_\_\_

Checking  Savings  Monthly Withdraw Date \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_  
mm/dd/yyyy

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

(For Joint account both customers must sign)

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name First Name

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name First Name

(If different from Customer)

Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name First Name

By signing this form: I (we) authorize Student Loan Guarantee Foundation of Arkansas c/o Financial Asset Management Systems, Inc. to debit my (our) account described on page one of this letter.

Checks may be processed via Automated Clearing House (ACH) methods.