Repayment Agreement Under the Loan Rehabilitation Program

Borrower's Name (please print clearly):				
Las	Last Name First Name	K øbjc 🕻 gg		
Во	Borrower's Account Number:			
I				
de Gu	This letter confirms my acceptance into the loan rehab defaulted Federal Family Education Loan (FFEL) Prog Guarantee Foundation of Arkansas. I understand that operequisite to the sale of my loans to the authorized, a	ram student loans held by Student Loan compliance with this agreement is a		
Plea	Please check the appropriate paragraph:			
	I understand that I must make at least nine (9) quaperiod in the agreed amount of \$, with each payment due on the same day each most the agreed amount within twenty (20) days of their period. If I fail to make the required number of ontthen I will need to begin a new series of agreed-up rehabilitation of my loans.	with a beginning due date of, nth thereafter. I must make the full payments in monthly due dates over a ten (10) month ime payments over a ten (10) month period,		
	I am currently making payments. I understand that the calculation of the required nine (9) qualifying p established due date that begins onsame day each month thereafter.	ayments. I will continue to meet my		
	We encourage you to participate in the program and ta providing you with the following terms and conditions:	ke advantage of the opportunity. We are		
(1)	(1) I understand that this agreement is null and void if making a full payment within twenty (20) days of the Should this occur, I will need to begin a new series for rehabilitation of my loan(s). According to federal rehabilitation only after each of the nine (9) voluntation	se due date for a minimum of nine (9) months. sof agreed-upon payments in order to qualify all law, a loan may be considered for		
(2)	(2) I cannot change the payment amount without Stud agreement or the agreement of the collection ager			
(3)	(3) I may have to provide a new financial statement in	order to support a request to change my		

required payment amount.

- (4) After the nine (9) qualifying payments have been made, the loan may be considered for purchase by an eligiblte 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 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:	
<u> </u>		mm/dd/yyyy
Printed Name:		
Last Name	First Name	
Signed Name:		
Last Name	First Name	
FAMS ID Number: 1	1	

Authorization Form for Automated Payment Plan

This authorization will remain in effect	until my loan(s) are Pa	id in Full.
Financial Institution's Name:		
Financial Institution's City:		State:
Checking Savings M	onthly Withdraw Date _	Payment Amount \$
Routing Number:		Account Number:
(For Joint account both customers m	nust sign)	
Customer's Signature:		Date:
Full Name:		
Customer's Signature:		
Full Name: Last Name (If different from Customer)	First Name	Phone Number:
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.