Ó[¦|[, ^¦€ Name (please print clearly):

Last Name First Name ? [WW [f]S^

Borrower's Account Number:

This letter confirms my acceptance into the loan rehabilitation program and my agreement to repay my defaulted Federal Family Education Loan (FFEL) Program student loans held by Student Loan Guarantee Foundation of Arkansas. I understand that compliance with this agreement is a prerequisite to the sale of my loans to the authorized, approved lender.

Please check the appropriate paragraph:

I understand that I must make at least nine (9) qualifying payments within a ten (10) month period in the agreed amount of \$______, with a beginning due date of ______, with each payment due on the same day each month thereafter. I must make the full payments in the agreed amount within twenty (20) days of their monthly due dates over a ten (10) month period. If I fail to make the required number of on-time payments over a ten (10) month period, then I will need to begin a new series of agreed-upon payments in order to qualify for rehabilitation of my loans.

I am currently making payments. I understand that these payments, if timely, will be included in the calculation of the required nine (9) qualifying payments. I will continue to meet my established due date that begins on _______, with each payment being due on the same day each month thereafter.

We encourage you to participate in the program and take advantage of the opportunity. We are providing you with the following terms and conditions:

- (1) I understand that this agreement is null and void if I do not honor the terms of this agreement by making a full payment within twenty (20) days of the due date for a minimum of nine (9) months. Should this occur, I will need to begin a new series of agreed-upon payments in order to qualify for rehabilitation of my loan(s). According to federal law, a loan may be considered for rehabilitation only after each of the nine (9) voluntary reasonable and affordable payments have been made.
- (2) I cannot change the payment amount without Student Loan Guarantee Foundation of Arkansas' agreement or the agreement of the collection agency servicing my account.
- (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 Ioan may be considered for purchase by an eligiblte lender to complete the Ioan 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:	
		mm/dd/yyyy
Printed Name:		
Last Name	First Name	
Signed Name:		
Last Name	First Name	
Social Security Number:	1	

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 \$
Routing Number: _			_ Account Number:
(For Joint account	t both custome	ers must sign)	
Customer's Signate	ure:		Date: mm/dd/yyyy
Full Name:		First Name	
		First Name	
		First Name	mm/dd/yyyy
Last Na (If different from C	^{me} Customer)	First Name	
Account Holders S	ignature:		Date:mm/dd/yyyy
Full Name:			Phone Number:
Last Nat	me	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.