Repayment Agreement Under the Loan Rehabilitation Program

Ó[¦; ^¦€ Name (please print clearly):					
Las	st Name	First Name	? [WW [f[S^		
Воі	rrower's Account Number:				
<u> </u>	_	ll			
my Aic	nis letter confirms my acceptance into y defaulted Federal Family Education d Funds, Inc I understand that comp ans to the authorized, approved lend	n Loan (FFEL) Program stude pliance with this agreement is	ent loans held by United Student		
Plea	ase check the appropriate paragraph	:			
	each payment due on the same da	, with a beginning yeach month thereafter. I may each month thereafter. I mays of their monthly due days of on-time payments over a	ing due date of, with nust make the full payments in the tes over a ten (10) month period. If ten (10) month period, then I will		
	I am currently making payments. I the calculation of the required nine established due date that begins of same day each month thereafter.	e (9) qualifying payments. I w	vill continue to meet my		
	e encourage you to participate in the oviding you with the following terms a		e of the opportunity. We are		
(1)	I understand that this agreement is making a full payment within twent months. Should this occur, I will no to qualify for rehabilitation of my lo rehabilitation only after each of the been made.	ty (20) days of the due date f eed to begin a new series of a an(s). According to federal la	or a minimum of nine (9) agreed-upon payments in order aw, a loan may be considered for		
(2)	I cannot change the payment amoragreement of the collection agency		id Funds, Inc. agreement or the		

(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 United Student Aid Funds, Inc. beyond the required minimum period until I am notified in writing by United Student Aid Funds, Inc. 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 United Student Aid Funds, Inc. 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	

Authorization Form for Automated Payment Plan

This authorization	will remain in e	effect until my loan(s) are Pa	id in Full.
Financial Institution	n's Name:		
Financial Institution	n's City:		State:
Checking	Savings	Monthly Withdraw Date _	Payment Amount \$
			mm/dd/yyyy Account Number:
(For Joint accour			
Customer's Signat	ture:		Date: mm/dd/yyyy
Full Name:			Phone Number:
			Date: mm/dd/yyyy
Full Name: ${\text{Last Na}}$ (If different from	ame Customer)	First Name	Phone Number:
Account Holders S	Signature:		Date: mm/dd/yyyy
Full Name:			Phone Number:
Last Na		First Name	

By signing this form: I (we) authorize United Student Aid Funds 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.