



American Education Services

P.O. Box 2461 • Harrisburg, PA 17105-2461

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PLEASE READ THE FOLLOWING INFORMATION CAREFULLY
TO DETERMINE WHETHER YOU NEED TO TAKE ACTION

WHY WE ARE CONTACTING YOU

To provide you with the deferment application for your SunTrust Private Student Loan Program(s).

WHAT ACTION YOU NEED TO TAKE

If you feel you qualify and would like to apply for a deferment, complete the application in its entirety and include the required certification as detailed on the application.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- Returned deferment applications are typically processed within 20 days of receipt. You will receive a letter indicating whether your request has been approved or denied.
- If your deferment request is approved, you will be sent interest statements. If choose not to pay the interest charges, it will be capitalized (added to the principal balance) at the end of the deferment period. Keep in mind that this may result in a higher monthly installment amount.
- It is important to continue to make payments until your deferment request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the deferment has been approved.
- If you are currently using our Electronic Funds Transfer Service, Direct Debit, payments will continue to extract until your deferment request is approved. Please note that if at any time you wish to suspend a monthly extraction, you need to contact us at least 3 business days prior to your due date.

SunTrust Private Student Loan Request for Deferment

Please complete all fields below. Your request may be denied if the form is not completed correctly.

SECTION 1: BORROWER INFORMATION

Borrower Account Number: _____

Borrower Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) ____-____ Alternate Telephone Number: (____) ____-____

Email Address: _____

- Undergraduate School** – Maximum 60 Months: **Full-Time** **Half-Time** *Must be enrolled at least half-time.*
 Graduate School – Maximum 48 Months: **Full-Time** **Half-Time** *Must be enrolled at least half-time.*
 Medical Internship/Residency – Maximum 36 Months *Must be participating in an approved program.*

SECTION 2: AUTHORIZED OFFICIAL'S CERTIFICATION

Program Begin Date: _____ Program End Date: _____ Expected Graduation Date: _____

Institution/Organization Name: _____

DOE Code: _____ Telephone Number: (____) ____-____

Address: _____

City: _____ State: _____ Zip: _____

My signature indicates that I am an Authorized Official and the certification above is true to the best of my knowledge.

Signature of Authorized Official Name/Title of Official Date

SECTION 3: DEFERMENT AGREEMENT

I meet the qualifications for the deferment type checked above and request my lender/servicer to defer repayment of my educational loan(s). If my loan program allows, accrued and unpaid interest may be capitalized (added to the principal balance) in accordance with the terms of my original promissory note. I understand that, should my situation under which I applied for the deferment change, I must notify my lender/servicer immediately.

Borrower Signature Date

Return completed form to: American Education Services * P.O. Box 2461 * Harrisburg, PA 17105-2461