



4 Barrell Court
 PO Box 2097
 Concord, NH 03302-2097



EDvestinU™ Discretionary Forbearance Request

(Time limit per approval is 3 months, for a maximum time limit of 12 months)

Name: _____ Phone Number: _____
 Address: _____ Alternate Phone Number: _____
 _____ E-Mail: _____
 Account Number: _____

Note: Please complete all fields in the above section.

i Those enrolled in school at least half-time are not eligible for this forbearance but may request an *in-school deferment*.

Warning: Any person, who knowingly makes a false statement or misrepresentation on this form, or on any accompanying documents, shall be subject to penalties, which may include fines, imprisonment, or both under the U.S. Criminal code and 20 U.S.C. 1097.

Discretionary Forbearance may be granted based on a borrowers request to temporarily stop making payments due to a personal hardship. You may be eligible to receive up to 3 months of forbearance per request. GSM&R reserves the right to request supporting documentation as necessary to determine eligibility for this discretionary forbearance.

Type of Hardship: I am willing but unable to make payments on my student Loan(s) due to poor health or temporary financial hardship. I am requesting this hardship forbearance because:

Note: Any outstanding delinquency must be covered before applying a forbearance to future months of repayment. Accordingly, an additional forbearance request(s) may be necessary.

If approved, I am requesting GSM&R grant a forbearance on my loan(s) beginning _____, Month/Year
 and ending _____, for a period not to exceed 3 months.
 Month/Year

FORBEARANCE AGREEMENT: (Important! Before signing, be sure you understand the following information)

By signing below:

- I acknowledge that interest will continue to accrue during the forbearance period.
- I acknowledge that unless I pay the interest that accrues, it will be capitalized (added to the principal balance) at the end of the forbearance period. Subsequent interest will be calculated using the increased principal balance. All of this may result in an increase in my monthly payment amount and in the overall cost of the loan.
- I certify that the information provided on this form and in any supporting documentation is true and correct and that I meet the eligibility requirements of the forbearance for which I have applied.
- I certify that I will notify GSM&R immediately when the condition that qualified me for the forbearance ends.
- I certify that I will resume repayment upon expiration of the forbearance, and I agree to repay this loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

I expressly authorize GSM&R and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

Borrower Signature X _____ Date _____

Cosigner Signature X _____ Date _____

(If there is a cosigner on the loan(s), that cosigner must also sign this request)