



PRIVATE EDUCATION LINE OF CREDIT REQUEST FOR DEFERMENT

1. BORROWER IDENTIFICATION

Name:	
Date of Birth (MM/DD/YYYY):	Full Soc. Sec. #:
Mailing Address:	
Physical Address (If different than mailing):	
Day Phone:	Evening Phone:
Email Address:	

2. DEFERMENT REQUEST

I executed a Pentagon Federal Credit Union (PenFed) Private Education Line of Credit Agreement and Disclosure dated _____ and I am requesting a deferment of entry into the grace period before loan repayment for the following reason:

- I am serving on active military duty or performing qualified National Guard duty. You will be required to provide a copy of your orders.
- I am temporarily on total disability. You must be unable to go to school for at least 60 days to recover from an illness or an injury. You must have developed the disability after obtaining the loan. You will be required to provide a physician's certification.
- Other (please specify): _____

3. BORROWER UNDERSTANDING, CERTIFICATIONS, AND AUTHORIZATION

- I understand and agree:
- PenFed is under no obligation to grant my request for deferment of entry into the grace period. Further, if PenFed chooses to defer my entry into the grace period, I understand and agree I remain responsible for all interest accrued during deferment.
 - If approved, my deferment will begin on the date the deferment condition began. My deferment will end on the earlier of a) the date my deferment eligibility ends, or b) the certified deferment end date.
 - The maximum cumulative eligibility for deferment is 36 months. I agree I must reapply every 12 months if I continue to meet the criteria for deferment.

- I certify:
- The information I provided above is true and correct.
 - I will provide additional documentation to PenFed, as required, to support my deferment status.
 - I will notify PenFed immediately when the condition qualifying me for the deferment ends.
- I authorize the school, PenFed, the guarantor, and their respective agents and contractors to contact me regarding my loan(s). I further authorize PenFed to obtain documents it deems necessary, in its discretion, to investigate/confirm the deferment request.

Borrower's Signature: _____ Date: _____

4. WHERE TO SEND YOUR COMPLETED DEFERMENT REQUEST

Return the completed deferment request and required documentation to: PenFed P.O. Box 247009 Omaha, NE 68124-7009. If you have questions regarding the status of your request, contact us at 800-247-5626.

OFFICE USE ONLY

The request for deferment of entry into the grace period is:

Approved

The period of deferment begins on _____ and ends on _____

Not Approved

By: _____ Date: _____