

PLUS Deferment Opt-In Form

Name: _____ Social Security Number: _____
 Address: _____ or Account number: _____
 City, State ZIP: _____ E-mail: _____
 Phone number: _____ Alternate phone: _____

If you are a parent borrower, for loans first disbursed on or after July 1, 2008, you may request that payment of principal be deferred (i) for the six-month period that follows any period when you are enrolled at least half-time (Post-Enrollment Deferment) and (ii) for any period when the student beneficiary is enrolled at least half-time and for the six-month period that follows (Post-Enrollment Deferment). Interest will continue to accrue while payments are postponed. You are allowed but are not required to make payments toward the principal during this period. You have the option to pay accruing interest either monthly or quarterly. Any unpaid interest at the end of the deferment will be capitalized (added to the principal balance of the loan). If you wish to take advantage of one of these deferments, please select one option by signing your name and dating below your selection.

Student Beneficiary(ies):

Student 1 _____ Student 2 _____

Option 1: I, the borrower, am requesting an in-school deferment and post-enrollment deferment for my PLUS loan(s) on the basis of the **beneficiary student's enrollment** at least half time. In signing this form, I authorize the deferment of payment of principal on my loan(s). Please process deferments on the loan(s) for the student beneficiary(ies) printed in the "Student Beneficiary(ies)" section of this form above.

Signature

Date

Option 2: I, the borrower, am requesting an in-school deferment for my PLUS loan(s) on the basis of the **beneficiary student's enrollment** at least half time. In signing this form, I authorize the deferment of payment of principal on my loan(s) **only** during the time that my beneficiary(ies) is enrolled at least half time. Please process deferments on the loan(s) for student beneficiary(ies) printed in the "Student Beneficiary(ies)" section of this form above.

Signature

Date

Option 3: I, the borrower, am requesting a post-enrollment deferment for my PLUS loan(s) on the basis of the **beneficiary student's enrollment** at least half time. In signing this form, I authorize the deferment of payment of principal on my loan(s) **only** during the six months following the time that my beneficiary(ies) ceased enrollment for at least half time. Please process deferments on the loan(s) for student beneficiary(ies) printed in the "Student Beneficiary(ies)" section of this form above. This request should not be submitted more than 60 days from the scheduled last day of at least half-time enrollment for the benefiting student.

Signature

Date

Option 4: I, the borrower, am requesting a post-enrollment deferment for my PLUS loan(s) on the basis of **my own enrollment** at least half time. In signing this form, I authorize the deferment of payment of principal on my loan(s).

Signature

Date

Please return this completed form to Nelnet either by fax at 1.866.545.9196 or by mail to:
 Nelnet
 P.O. Box 82565
 Lincoln, NE 68501-2565

