

by

Repayment Plan Options Form

Pleas	se provide your contact information:	
Name:		Account Number*:
Address: City, State ZIP: Phone number:		*If you do not have your account number, please provide your
		Social Security Number:
		E-mail address:
	Standard Repayment Plan: This optio	aintains the same monthly payment amount throughout the term of the loan.
	Graduated Repayment Plan: This option offers low initial payments, which will significantly increase over time. Choosing this option will increase the total amount of interest you will pay over the term of your loan as compared to the Standard Plan.	
	Income-Sensitive Repayment Plan: This option bases your monthly payment amount on your gross monthly income. Choosing this option may increase the total amount of interest you will pay over the life of your loan. This plan requires an annual renewal and verification of your current income, and it is limited to five years. If you request the Income-Sensitive Plan, you must return proof of your current gross monthly income along with this notice.	
	Extended Repayment Plan: This option offers you the ability to repay your loan on a standard or graduated plan over a period not to exceed 25 years. To be eligible for this repayment plan, all of your loans must have been disbursed on or after October 7, 1998, and have a total outstanding principal and interest balance exceeding \$30,000. Choosing this option will increase the amount of interest you will pay over the term of your loan. When selecting this plan, you must choose either a Standard or Graduated Repayment Plan by checking the appropriate box below:	
	☐ Extended Standard	extended Graduated
By si	gning this form, I authorize Nelnet to cha	e my current repayment plan to the repayment plan indicated above.
accoi paym unpa	unt current prior to changing my repaym nents due (and not paid) before the begin	ne maximum forbearance time allowed, Nelnet will apply a forbearance to bring my plan. By signing below, I am requesting that Nelnet grant me a forbearance for all ite of my repayment plan change. If my account(s) is placed in forbearance, all ill in an increase in my monthly payment. My statement will reflect any change to my
asso		atives and related companies to contact me about my account at any phone number ess phones, and to contact me using automatic dialing systems, artificial or .
Borro	ower signature	
X		Date
Co-m	naker signature (if applicable)	
X		Date
Pleas	se mail or fax this completed form to:	
	Nelnet P.O. Box 82565 Lincoln, NE 68501-2565 Toll-free fax: 1.866.545.9196	

