



Request for Reinstatement of Guarantee

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|-----------------------|--|-----------------------------------|----------|
| Name of Borrower | | Borrower's Social Security Number | |
| Lender Name | | Lender ED Number | |
| Lender Street Address | | | |
| City | | State | Zip Code |

I hereby certify that:

The following cure procedure has been performed in order to allow reinstatement of guarantee:
(Check appropriate box and provide required information.)

1. Collection of a full payment in an amount at least as great as the monthly payment amount required under the existing terms of the loan, exclusive of any forbearance agreement in force at the time of the default.
- a. Amount of payment \$ _____
- b. Date received _____
- c. Type: Check
- Cash, Money Order or other means which does not identify with the Payor

2. Received new signed repayment agreement from Borrower.

Date repayment agreement was received: _____

Note: Proof of the curing payment (e.g., copy of the check) or signed repayment agreement must be submitted with this request and retained in the loan file.

*If the payment was made by cash, money order or other means which does not identify the payor, a senior officer must sign.

| | | |
|---------------------------------|-------|------|
| Signature of Lending Official** | | Date |
| Printed Name | Title | |

**The signature certifies that the payment was not made by or on behalf of the Lender or Servicing Agent.

Mail this Request for Reinstatement of Guarantee and the attachment(s) to:
UNITED STUDENT AID FUNDS
CLAIM REVIEW MC 8521
P O BOX 6180
INDIANAPOLIS, IN 46206-6180

FOR USA FUNDS ONLY

| | | | |
|----------|--------|----|------|
| Approved | Denied | By | Date |
|----------|--------|----|------|