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11
12 **UNITED STATES DISTRICT COURT**
13 **NORTHERN DISTRICT OF CALIFORNIA**
14 **OAKLAND DIVISION**

15 FEDERAL TRADE COMMISSION,

16 Plaintiff,

17 vs.

18 AMERICAN FINANCIAL BENEFITS
19 CENTER, a corporation, also d/b/a AFB and AF
20 STUDENT SERVICES;

21 AMERITECH FINANCIAL, a corporation;

22 FINANCIAL EDUCATION BENEFITS
23 CENTER, a corporation; and

24 BRANDON DEMOND FRERE, individually
25 and as an officer of AMERICAN FINANCIAL
26 BENEFITS CENTER, AMERITECH
27 FINANCIAL, and FINANCIAL EDUCATION
28 BENEFITS CENTER,

Defendants.

Case No. 4:18-cv-00806-SBA

**DECLARATION OF MILTON
MARSHALL IN SUPPORT OF
FEDERAL TRADE COMMISSION'S
MOTION FOR PRELIMINARY
INJUNCTION**

DECLARATION OF MILTON MARSHALL

1
2 1. My name is Milton Marshall and I am an honorably discharged, disabled U.S.
3 Navy veteran. I reside in Las Vegas, Nevada. The following statements are within my personal
4 knowledge and if called as a witness I could and would competently testify thereto.

5 2. In 2003, I graduated from California State University – Los Angeles with a
6 Bachelor of Arts in Child Development. In 2010, I earned a Master’s degree in Education from
7 Loyola Marymount University. I owe around \$92,000 in student loans, mostly related to
8 expenses from my Master’s degree. I currently work for Veterans Affairs.

9 3. On or around March 10, 2015, I became concerned that I would be unable to
10 make my student loan payments, which were approximately \$960 per month. Around this time, I
11 think I received a solicitation from a company called American Financial Benefits Center
12 (“AFBC”), but do not recall the details. I remember visiting AFBC’s website in spring 2015.

13 4. On or around March 2015, I called AFBC and spoke with a company
14 representative. The representative told me I qualified for an income-based repayment program
15 (“IBR program”), which would reduce the amount of my student loan to \$0. The AFBC
16 representative told me that AFBC would enroll me in the IBR program if I paid AFBC a \$95
17 processing fee and a \$1,200 program fee. I did not know that I could apply for the IBR program
18 directly through my loan servicer. The AFBC representative also told me that the U.S.
19 government would forgive my entire loan balance after 10 years if I continued to work for
20 Veterans Affairs. However, the representative neglected to tell me that my loan would still
21 accrue interest during those 10 years.

22 5. I initially believed that AFBC was affiliated with the government, or at least
23 sanctioned by the government, because the representative told me I qualified for a government
24 program and seemed very knowledgeable.

25 6. In March 2015, AFBC sent me numerous documents via email and instructed me
26 to sign them electronically through a program called DocuSign. The material was
27 overwhelming. A true and correct copy of the material AFBC sent me, with my personal
28 information redacted, is attached as **Marshall Attachment A**. The documents in Marshall

1 Attachment A are not necessarily in the order AFBC provided them to me. I signed, scanned,
2 and emailed the documents back to AFBC. I found the forms overwhelming, especially the
3 lengthy forms with small print, and did not read them all. On March 10, 2015, I signed
4 additional documents that AFBC emailed me to consolidate my student loans.

5 7. After I signed the material that AFBC sent me, I contacted AFBC to inquire when
6 my payments to the company would begin. On April 8, 2015, an AFBC customer service
7 representative named Nicole Williams sent me the following response: "We received your
8 inquiry about your payment draft. The first payment does take a bit longer to process as the bank
9 and merchant have to match up. Your payment was drafted on the 3rd of April and is currently
10 pending. It should go through by the end of the week." A true and correct copy of Ms.
11 Williams' April 8, 2015 email to me is attached as **Marshall Attachment B**.

12 8. On April 3, 2015, AFBC debited funds directly from my checking account. After
13 I began paying AFBC, I worked with several AFBC representatives to consolidate my student
14 loans and submit an application for the IBR program. AFBC sent me forms that I signed,
15 scanned, and emailed back to AFBC. Sometimes AFBC sent me forms to sign with information
16 fields to be left blank. I did not know the particulars of the forms and trusted AFBC to take care
17 of everything. AFBC consolidated my loans with a new lender, FedLoans, and told me my
18 monthly loan payment was \$0. AFBC also told me not to correspond with FedLoans.

19 9. From May 3, 2015 to October 3, 2016, AFBC withdrew \$147.70 per month
20 directly from my checking account. From November 2016 to March 2017, AFBC withdrew
21 \$47.70 monthly from my checking account. I do not recall AFBC representatives telling me that
22 my funds were being held in an escrow account or were refundable. I understood that these
23 payments went to the program fee and I assumed that after I paid the \$1,200 program fee, any
24 funds that AFBC withdrew were going towards my loan balance.

25 10. Around March 2016, AFBC asked me to submit documents showing my current
26 income. I had to submit the material twice because AFBC lost the documents. A true and
27 correct copy of my April 6, 2016 email to AFBC is attached as **Marshall Attachment C**. In the
28

1 email, I told AFBC the following: “This is the second time I submitted these documents. Please
2 don’t loose these.”

3 11. In fall 2016, I became concerned about my loan and contacted my loan servicer,
4 FedLoans. A FedLoans agent told me that I could have done the modification myself for free
5 and recommended that I contact the Federal Trade Commission to report AFBC’s practices. The
6 agent also told me that my loan amount was increasing instead of decreasing, which I found
7 confusing because I believed AFBC was submitting loan payments to my lender. I did not know
8 what to do and was confused about my payments to AFBC. I continued to let AFBC withdraw
9 funds from my checking account because I did not want to my loan to go into default.

10 12. On or around November 10, 2016, I called the Federal Trade Commission’s
11 complaint hotline and shared my concerns about AFBC. Specifically, I complained that AFBC
12 had taken \$2,500 from my account and made no payments towards my student loan.

13 13. In January 2017, I reviewed my contract with AFBC and noticed that AFBC
14 charged me a \$600 fee and a monthly \$47.70 fee, in addition to the \$1,200 program fee and \$95
15 processing fee. I was shocked to discover these separate fees, which AFBC slipped right past
16 me. I have no idea why AFBC charged me \$600 or \$47.70 per month. I hired AFBC to lower
17 my monthly loan payments and did not purchase any other service from the company. I do not
18 recall receiving any DVDs, CDs, books, or other material from AFBC.

19 14. From late 2016 until spring 2017, AFBC contacted me numerous times asking for
20 access to my online account with my loan servicer. The AFBC representative asked for my login
21 ID and password, but I was concerned about AFBC’s practices and did not provide the
22 information. In March 2017, I tried to log into my account with my loan servicer, but my
23 password did not work.

24 15. AFBC deceived me about its fees. The company also led me to believe that the
25 money I paid AFBC was going towards my student loan. I am also concerned about possibly
26 fraudulent statements that AFBC make on my loan modification applications without my
27 knowledge. Because of AFBC’s actions, my loan amount has increased and AFBC has taken
28 over \$2,800 from me.

1 16. I declare under penalty of perjury that the foregoing is true and correct. Executed
2 on April 19th, 2017, in Nevada.

3 

4 Milton Marshall

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Marshall Attachment A



311 Professional Center Drive #200
Rohnert Park, CA 94928

Main Telephone: (800) 488-1490
Fax: (707) 222-5200 , (707) 222-5300
Website: www.afbcenter.com
Documents: income.doc@afbcenter.com
E-mail: info@afbcenter.com

Name: [Redacted]

Client #: [Redacted]

Address: [Redacted]

Home Phone: [Redacted]

City, State, Zip Las Vegas NV 89119

Other Phone:

Date: 3/9/2015

Thank you for contacting **American Financial Benefits Center**. Based on the information you have provided to our company, we believe that you may qualify for one or more student loan assistance programs offered by the U.S. Department of Education. American Financial Benefits Center ("AFBC") is a privately owned company that helps consumers like you identify programs that may be suitable for their situation, gather their relevant application documents, then assist them by preparing these documents for review and submission. AFBC also offers its own great programs to further assist with you with your financial situation. To begin, we need the following information from you:

1. Please carefully read the enclosed Agreement, and make sure that all pages are signed and dated where indicated.
2. Please provide your National Student Loan Data System personal identification number ("PIN"), or your most current student loan servicer account statement(s).
3. Please provide a copy of a voided check, along with the attached ACH Authorization Forms, signed by the account holder who is remitting the program payment.
4. After you have faxed your documents, or provided your PIN, please contact AFBC at 1-800-488-1490 ext. '0' and speak to a Client Services Representative to verify all documentation has been received. You may also email your documentation to: income.doc@afbcenter.com
5. Be sure to retain a copy of all documents for your records.

Due to the importance of this material and so we may start working for you as soon as possible, return these documents and provide your PIN to American Financial Benefits Center via fax, email, or mail to 311 Professional Center Drive #200, Rohnert Park, CA 94928, as soon as possible.

If you have any questions when reviewing the attached documents, please feel free to contact your American Financial Benefits Center Client Services Representative at 1-800-488-1490.

Client Signature: [Redacted Signature]

Date: 3/9/2015

American Financial Benefits Center

Document Preparation and Service Agreement

This Service Agreement is entered into on the date shown below between the American Financial Benefits Center, Inc. (AFBC) and the Client shown below (Client).

AFBC provides processing and support services to assist consumers who are applying for Federal Student Loan Consolidation Services, and/or other repayment plan programs available through the Department of Education (DOE). AFBC is a private company, not affiliated with any government agency, and for a fee AFBC will assist in assembly and submission of student loan consolidation, and/or other repayment plan program documents. AFBC is not a lender or a debt consolidation company.

Client requests AFBC to perform, in good faith, the following services, ("the Services"): (a) Performing a review of the Client's current Federal Student Loan debt situation, (b) Identify potential Student Loan Consolidation, and/or other repayment plan options that may be available to Client from the DOE, (c) Discuss potential options with the Client, and (d) After Client selects an option, prepare and process, on the Client's behalf, a Federal Student Loan Consolidation Application, and/or other repayment plan program application with the DOE.

Now therefore in consideration of the foregoing and every term, covenant and condition hereafter set forth, AFBC and Client do hereby understand, covenant and agree to the following:

1. Provide Complete and Truthful Information. AFBC will provide Client with an overview session limited to their Federal Student Loan debts to assist the Client in locating options that may be available to them. Client expressly represents and warrants that he/she/they will at all times provide AFBC with information that is complete, accurate and true to the best of their knowledge and belief.

2. Performance of Services. Upon receipt of all information from Client, AFBC shall promptly analyze Client's Federal Student Loan debt situation, review the information provided by the Client, and complete the application forms required for the DOE program(s) that have been selected by the Client. Upon completion of AFBC's review and due diligence, AFBC shall prepare for filing with Client's lender an application to initiate a Federal Student Loan Consolidation, and/or other repayment plan available to Client through the DOE on behalf of Client.

3. Fees for Services. The cost of the program for a client enrolling is \$⁶⁰⁰, and is split into a monthly payment option as indicated in the attached form. The fee shall be debited from Client's bank account specified on the attached Electronic Funds (EFT) Authorization. AFBC will use a third party payment processor to debit Client for fee and Client shall pay all processing fees associated with such. AFBC's services shall be complete upon AFBC completing its review and providing an application packet to the Client.

4. Documents Service Agreement and Monthly Cost Authorization. AFBC will use a third party payment processor to debit Client for fees/payments and Client shall pay all processing fees associated with such. Client hereby authorizes AFBC to deduct all payments due per this contract from the financial institution listed in the Electronic Funds (EFT) Authorization or such other financial institution that may be used by Client from time to time. Further, Client authorizes their financial institution to accept and to charge any debit entries initiated by American Financial Benefits Center to Client's account. This authorization for automatic withdrawal of fees/payments is to remain in full force and effect until AFBC has received written notice from Client of its termination in such time and such manner as to afford AFBC a reasonable opportunity to act. A fee/payment (whether paid by debit or other means) that is not honored

[REDACTED]

by Client's financial institution for any reason may be subject to a \$20.00 service fee imposed by AFBC (unless otherwise limited or prohibited by state law), the amount of which may be debited from Client's account.

5. Limited Money Back Guarantee. AFBC guarantees that Client will receive a Federal Student Loan Consolidation, or other repayment plan program available to client through the Department of Education subject to the following conditions: (1) student loans that Client presents to AFBC are original debts, and have not been previously consolidated or had their terms or amounts previously adjusted; (2) Client full cooperates, is honest and timely in providing all information requested by AFBC and DOE; and/or (3) Client does not possess a characteristic that pursuant to DOE rules would disqualify Client from receiving a consolidation. If a Client is not approved for a Federal Student Loan Consolidation, or any other repayment plan program available to client through the DOE, after reasonable efforts by the parties, then AFBC will reimburse the Consolidation Fee Payment (payment made to AFBC in Section 3, above). All refund requests must be made, in writing, to AFBC within 30 days of any denial by the DOE.

6. Process. Once paperwork has been received, processing will begin. AFBC will always act promptly on Client's documents and program. Be advised that Federal Student Loan Consolidations, and other repayment plans completed by AFBC rely on the relevant lenders for prompt service and AFBC cannot be held liable for delayed completion. Average completion of a Federal Student Loan Consolidation through the DOE is usually ninety (90) days, but may take longer. AFBC solely prepares and provides documents for submission, and does not control the DOE application review process.

7. Indemnification and Hold Harmless. Client hereby agrees to defend and hold harmless AFBC from and against any claims and liability of any nature whatsoever arising out of or in connection with Client's failure to timely provide requested information to AFBC, Client's lack of authority or ability to complete terms of this Agreement, and all other claims arising out of this Agreement or relating to Client's loans and other financial obligations. This Agreement constitutes the entire agreement between the parties. AFBC makes no warranty, express or implied, as to the fitness of any recommendation it may make to Client arising out of this Agreement. Except for cause, Client unconditionally waives any right of action against AFBC, its officers, directors, employees, agents, brokers and assignees, at law, equity or any other cause of action for any reason, directly, indirectly or proximately believed to arise out of this Agreement, for any damages of any nature whatsoever that Client may incur by reason of Client following any recommendation of AFBC or Client's failure to follow any recommendation of AFBC, whether any singular, concurrent or series of recommendations are acted upon or not acted upon in whole or in part by Client. This section shall survive any termination of this Agreement.

8. **Important Limitation on Consumer Rights - Mandatory Arbitration Requirement** – Please read carefully: In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach, termination, enforcement, interpretation, consistency or validity thereof, including any determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in Sonoma County, California or in the county in which the consumer resides, in accordance with the Laws of the State of California for agreements to be made in and to be performed in California. The parties agree that the arbitration shall be administered by the American Arbitration Association ("AAA") pursuant to its rules and procedures and an arbitrator shall be selected by the AAA. The arbitrator shall be neutral and independent and shall comply with the AAA code of ethics. The award rendered by the arbitrator shall be final and shall not be subject to vacation or modification. Judgment on the award made by the arbitrator may be entered in any court having jurisdiction over the parties. If either party fails to comply with the arbitrator's award, the injured party may petition the circuit court for enforcement. The parties agree that either party may bring claims against the other only in his/her or its individual capacity and not as a plaintiff or class member in any purported class or representative proceeding. Further, the parties agree that the arbitrator may not consolidate proceedings of more than one person's claims, and may not otherwise preside over any form of representative or class proceeding. The parties shall share the cost (not attorneys' fees) of arbitration equally. In the event a party fails to proceed with arbitration, unsuccessfully challenges the arbitrator's award, or fails to comply with the arbitrator's award, the other party is entitled to costs of suit, including a reasonable attorney's fee for

having to compel arbitration or defend or enforce the award. Binding Arbitration means that both parties give up the right to a trial by a jury. It also means that both parties give up the right to appeal from the arbitrator's ruling except for a narrow range of issues that can or may be appealed. It also means that discovery may be severely limited by the arbitrator. This section and the arbitration requirement shall survive any termination. **OPT-OUT PROCESS:** You may choose to opt-out of this Arbitration Provision but only by following the process set-forth below. If you do not wish to be subject to this Arbitration Provision, then you must notify us in writing within thirty (30) calendar days of the date of this Agreement at the following address: AFBC, Attn: Customer Service, 311 Professional Center Drive #200 Rohnert Park, CA 94928. Your written notice must include your name, address, the date of this Agreement, and a signed statement that you wish to opt out of the Arbitration Provision. If you choose to opt out, then your choice will apply only to this Agreement.

9. Entire Agreement. By virtue of Client's signature below, Client acknowledges that he/she has read, understands and agrees to every term, covenant and condition of this Agreement and that he/she has received a true and complete copy hereof, effective on the date below. This agreement is the only agreement between the parties and there is no other collateral agreement (oral or written) between the parties in any manner relating to the subject matter of this agreement. If any portion of this agreement is held to be invalid or unenforceable, the remaining provisions will remain in effect. The parties mutually understand and agree that a facsimile copy signature or an electronic signature on this agreement shall be deemed an original for all lawfully enforceable purposes.

10. Cancellation Policy – I, the Client, may cancel this contract at any time prior to being approved for a Federal Student Loan Consolidation, or any other Department of Education repayment plan option achieved on Client's behalf, and receive a full refund.

11. Limitations on Damages: AFBC's liability under this agreement and/or relating directly or indirectly to Client's participation in the Student Loan Consolidation Program, under any theory of liability regarding any claim by the Client is limited to the amount of fees paid by Client to AFBC. The Parties agree to be contractually bound to such limitation on any damages, and agree not to demand or attempt to recover any amount in excess of such. This section shall survive termination.

12. Information Authorization: I hereby authorize AFBC to verify my past present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my Federal Student Loan Consolidation, and/or other repayment plan program available to client. The information AFBC obtains is only to be used in the processing of my application for a Federal Student Loan Consolidation or any other repayment plan program through the DOE, and AFBC does not provide any form of credit repair, credit score enhancement, or debt relief.

13. Legal Authorization Form: This form will serve to acknowledge that the below Student Loan borrower has authorized our company, American Financial Benefits Center (AFBC) to act on their behalf to apply for consolidation of their Federal Student Loans, and/or other repayment plan programs available to client. Client has been advised that once approved for the Federal Student Loan Consolidation, and/or other repayment plan program, the Client will receive a sixty (60) day furlough before payments will start. If you have any questions regarding this Federal Student Loan Consolidation Program, please contact AFBC at 1-800-488-1490.

BY SIGNING BELOW(ELECTRONICALLY OR PHYSICALLY), I HEREBY ACKNOWLEDGE THAT I HAVE NOT BEEN ADVISED BY AMERICAN FINANCIAL BENEFITS CENTER, ANY OF ITS AGENTS, AND/OR AFFILIATES TO FOREGO A STUDENT LOAN PAYMENT IN EXCHANGE FOR THE GOOD FAITH PAYMENT AND FEDERAL STUDENT LOAN CONSOLIDATION PROGRAM. DURING THIS PROCESS, CLIENT IS RESPONSIBLE FOR MAKING HIS OR HER PAYMENTS, AND FAILURE TO DO SO COULD DISQUALIFY THE CLIENT FROM OBTAINING THE SERVICE THAT WAS AGREED UPON. I FURTHER ACKNOWLEDGE THAT NO GUARANTEES CONCERNING THE SUCCESS OF THE LOAN

[REDACTED]

CONSOLIDATION HAVE BEEN PROVIDED TO ME/US BY AMERICAN FINANCIAL BENEFITS CENTER, AND/OR ANY OF ITS AGENTS, AND/OR AFFILIATES AND A POSITIVE OUTCOME IS NOT GUARANTEED. I, THE CONSUMER, HAVE BEEN EXPLAINED THE PROGRAM IN FULL AND TO MY SATISFACTION.

Date executed: 3/9/2015

For: Client

DocuSigned by:
Signature [REDACTED]

SSN: [REDACTED]

Print Name [REDACTED]

DOB: [REDACTED] / /

For: American Financial Benefits Center ("AFBC")

By: *Brandon Frere*

Title: Managing Director

cc:000012 envelope to [Redacted]

**American Financial Benefits Center Document Preparation and Service Agreement Program Enrollment
Electronic Funds Transfer (EFT) Authorization**

Authorized Company to Debit Account: Company Name: American Financial Benefits Center

Account Holder's Information: Account Holder's Name: [Redacted]

Billing Street Address: [Redacted]

City, State, Zip: Las Vegas NV 89119

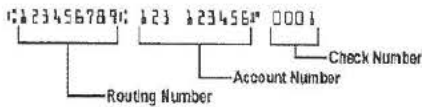
Account Holder's Bank Information:

Bank Name: [Redacted]

Routing Number (9 Digits): [Redacted]

Account Number: [Redacted]

Checking or Savings: Checking Savings



Total Amount: \$ 600

Payment Information

	<i>Draft #1</i>	<i>Draft #2</i>	<i>Draft #3</i>
<i>Draft Date</i>	2016-05-03	2016-06-03	2016-07-03
<i>Draft Amount</i>	100	100	100
	<i>Draft #4</i>	<i>Draft #5</i>	<i>Draft #6</i>
<i>Draft Date</i>	2016-08-03	2016-09-03	2016-10-03
<i>Draft Amount</i>	100	100	100

Authorization:

I hereby authorize American Financial Benefits Center ("AFBC") to debit the Bank Account referenced herein, via an Automated Clearing House (ACH) system, according to the parameters specified herein for my American Financial Benefits Center Student Loan Document Preparation and Service Agreement. If you have questions about your payment, please contact AFBC at 1-800-488-1490, or 311 Professional Center Drive 200, Rohnert Park, CA 94928. This authority will remain in effect until the payment is completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$20 or the maximum amount allowed by law in addition to any charges made by my bank.

DocuSigned by:
[Redacted Signature]

Account Holder's Authorized Signature

3/9/2015

Date

Please retain a copy of this document as your receipt of purchase



Financial Education & Resource Center Program Enrollment & AFBC Student Financial Management Plan

Congratulations! We are excited that you have taken the first step in improving your finances through our Financial Analysis & Evaluation, AFBC Student Financial Management Plan, and your enrollment into our Financial Education and Resource Center Program because getting the right tools and education will save you time and money. We believe that by purchasing this Financial Education and Resource Center Program and Student Financial Management Plan, that you have taken the first steps in making a change in your financial life. These financial tools were built on proven strategies, methods, and exercises that we've coupled with our Financial Education & Resource Center Program, to help you to begin achieving financial independence today and to give you the greatest opportunity for improving your financial position forever.

Authorization & Refund Policy: I hereby authorize American Financial Benefits Center to debit the credit card(s), or bank account(s) listed below for the amounts stated on the draft dates herein. This authority shall remain in effect until American Financial Benefits Center has received the full purchase amount. If a payment is declined by your credit card company or bank, American Financial Benefits Center may attempt to again process this payment at a later date, typically within 72 hours. No products will be shipped or provided until payment is confirmed. I, the Buyer, fully understand I am purchasing an American Financial Benefits Center Student Financial Management Plan and enrolling into the Financial Education and Resource Center Program through American Financial Benefits Center. The company has the right to substitute the primary product(s) with an alternative product(s) of equal value. All transactions will appear on your credit card, or bank statement(s) as "AFBC." American Financial Benefits Center offers a 100% Satisfaction Guarantee or your money back for those customers who request in writing within 30 days from the date of purchase. Thereafter customers may also request a refund up to 90 days from the date of purchase however American Financial Benefits Center reserves the right to determine a reasonable refund amount. If you have any questions about your payment, please contact us directly at 1-800-488-1490, or 311 Professional Center Drive 200, Rohnert Park, CA 94928.

Your Financial Education & Resource Center Program & AFBC Student Financial Management Plan Includes:

- **1-on-1 Program Consultation:** what to expect from our products and services.
- **Access to The Student Loan Financial Education Resource Center:** stay regularly informed of student loan benefits that may be available to you through our online educational resource portal.
- **Access to Ongoing Document Preparation Services:** at your request, we will prepare and submit documents to your student loan service provider on your behalf to reflect any changes in your situation.
- **Access to Official Forms and Documents:** a library of important documents and forms at your fingertips!
- **Access to Dozens of Printable Legal Documents and Templates:** lease agreements, bills of sale, house titles – and much more! You'll receive access to our ever-growing document archive.
- **Resume and Cover Letter Documentation:** several professional resume and cover letter templates are at your disposal, helping you to be even more competitive in the job market.
- **Tools for Keeping a Budget:** You'll receive access to the budgetary tools that cater most to your lifestyle.
- **Access to Dozens of Informational & Useful Web links:** From legal document databases to tax and mortgage calculators, this interactive forum will allow you to access useful resources that will help to simplify your life.
- **Financial Calculators:** Taxes, insurance, credit card payments, and much more!
- **Hard Bound Three-Part Student Financial Management Book Series:** From your initial application, all the way to your last payment, you will know everything there is to know about student loans. Includes application instructions, every student loan bylaw, and techniques on how to properly manage your situation.
- **Three-Disc CD Video Compilation:** Hours of how-to video's teaching you the intricacies of federal student loans, budgeting for yourself and your family, and tips on how to properly save and invest your money!
- **Do-It-Yourself Printable Forms CD:** Everything you need in one place.

Buyer's Full Name : _____

Spouse's Full Name (if applicable) : _____

Buyer's Best Contact Phone Number : _____

AFBC Financial Education & Resource Center Program Enrollment & AFBC Student Financial Management Plan Charge: _____ 1295

DocuSigned by:
 3/9/2015

Signature of Buyer

Date

Signature of Spouse

Date

Financial Education & Resource Center Program Enrollment & AFBC Student Financial Management Plan

Authorized Company to Debit Account:

Company Name: American Financial Benefits Center

Account Holder's Information:

Account Holder's Name: [REDACTED]

Billing Street Address: [REDACTED]

City, State, Zip: Las Vegas NV 89119

Account Holder's Bank Information:

Enrollment Fee Amount: \$95

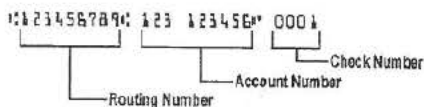
Enrollment Fee Date: 2015-04-03

Bank Name: [REDACTED]

Routing Number (9 Digits): [REDACTED]

Account Number: [REDACTED]

Checking or Savings: Checking Savings



Payment Information

Total Amount: \$ 1295

	Draft #1	Draft #2	Draft #3	Draft #4	Draft #5	Draft #6
Draft Date	2015-05-03	2015-06-03	2015-07-03	2015-08-03	2015-09-03	2015-10-03
Draft Amount \$	100	100	100	100	100	100
	Draft #7	Draft #8	Draft #9	Draft #10	Draft #11	Draft #12
Draft Date	2015-11-03	2015-12-03	2016-01-03	2016-02-03	2016-03-03	2016-04-03
Draft Amount \$	100	100	100	100	100	100

Authorization:

I hereby authorize American Financial Benefits Center to Debit the Bank Account referenced herein, via an Automated Clearing House (ACH) system, according to the parameters specified herein for my Financial Education and Resource Center Program enrollment & American Financial Benefits Center Student Financial Management Plan. This authority will remain in effect until the payment is completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$20 or the maximum amount allowed by law in addition to any charges made by my bank.

DocuSigned by:

[REDACTED]

3/9/2015

Account Holder's Authorized Signature

Date

Please retain a copy of this document as your receipt of purchase

Financial Education & Resource Center Program Enrollment Recurring ACH Authorization Form

By my signature below, I authorize and permit American Financial Benefits Center to initiate electronic funds transfer via Automated Clearing House system (ACH) from my account listed below, for the Financial Education and Resource Center Program payment amount listed below.

Account Holder's Full Name:	[REDACTED]
Mailing Address:	[REDACTED]
Mailing City, State, Zip	Las Vegas NV 89119
Monthly Payment Due Amount:	\$49.70
Name of Bank:	[REDACTED]
Bank Routing Number (9 digits):	[REDACTED]
Bank Account Number:	[REDACTED]
First Monthly Draft Date:	2015-11-03
Monthly Draft Day:	

Terms of Agreement:

American Financial Benefits Center, located at 311 Professional Center Drive 200, Rohnert Park, CA 94928, is authorized to deduct a scheduled payment from Client's checking or savings account from the bank listed above, if necessary American Financial Benefits Center may make adjustments if errors have occurred during transaction. In the event that Client's draft is returned unpaid for any reason, Client agrees to pay all past due balances immediately, in addition to a \$5.00 administrative fee, and the current months payment amount. The date of the draft is listed above, however if the draft date falls on a weekend or bank holiday, the debit transaction will take place on the next business day. The company has the right to substitute the primary product(s) with an alternative product(s) of equal value. This authority will remain in effect until American Financial Benefits Center is notified by Client in writing by either email to; fercp@afbcenter.com or by fax to 707-222-5200 at least 10 business days prior to the next scheduled draft date See the attached notice of cancellation form for an explanation of this right. For questions regarding your payment, you may also contact us directly at 1-800-488-1490. No other forms of cancellation by Client will be honored. This agreement may become void at the option of American Financial Benefits Center at any-time. The reversal of funds from a Client's account that was drafted in error cannot be made until seven business days from the draft date. The Client agrees to waive all rights of reversal or refusal of any payment on any draft that American Financial Benefits Center may make against the Client's bank account during the time Client is actively enrolled. The Client agrees with all of the provisions and conditions outlined herein. The Client further agrees to hold American Financial Benefits Center, its directors, employees, officers, and its agents harmless from any damages that may occur or arise from and within the entirety of this agreement. American Financial Benefits Center will not be responsible for any fees your financial institution may assess should a draft be returned for insufficient funds.

By my signature below I acknowledge that I have read, understand and agree to the terms of this document titled Financial Education and Resource Center Program Recurring ACH Authorization Form.

DocuSigned by:
 [REDACTED] 3/9/2015

 Account Holder's Authorized Signature Date

Please retain a copy of this document as your receipt

Envelope ID. [REDACTED]

"Notice of Cancellation"

Date: _____

"You may cancel this transaction, without any penalty or obligation, within ten (10) business days from the above date.

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within ten (10) days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale, or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract."

To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice, or send a telegram to American Financial Benefits Center, at 311 Professional Center Drive Suite 200, Rohnert Park, CA, 94928 not later than ten (10) business days from the above date .

I hereby cancel this transaction.

(Client's signature)

(Print Name)

(Date)

American Financial Benefits Center

Complaint Policy

Our goal at American Financial Benefits Center is to provide exceptional service to our Clients. While every effort is taken to ensure we treat our Clients in a fair, courteous, and honest manner, sometimes our Clients have special inquiries that require our immediate attention.

We believe that our Clients have the right to raise a complaint, and the right to have their complaints addressed immediately. We also believe that a successful organization must be willing to evolve in an effort to meet the needs of its Clients. Therefore, we have established a complaint process for Clients who are unsatisfied with the service or treatment they have received.

How to Initiate a Complaint

In the event you are unsatisfied with our service, please initially direct your comment or complaint directly to the employee or team which is responsible for your dissatisfaction. If the individual employee cannot resolve the matter, we will quickly engage the relevant Manager or Director to resolve your matter.

We always attempt to resolve your concerns at the first point of contact. However, if you are not satisfied with the resolution, you may then notify our Compliance Officer directly in writing at:

1. compliance@afbcenter.com
2. 1-800-488-1490 Extension: 2
3. American Financial Benefits Center
Attention: Compliance Officer
311 Professional Center Drive Suite 200
Rohnert Park, CA 94928

Please include the following in your written correspondence

1. A clear description of the complaint and any suggestions you may have that would resolve your grievance.
2. Details of any relevant information relating to any contacts you may previously have had with American Financial Benefits Center on this subject.
3. Whether it is an original complaint, or a follow-up to a reply you were not satisfied with.
4. Your complete contact information (including full postal address, telephone number, and email address) and your date of birth (for verification purposes).

What to Expect

We strive to resolve all complaint inquires as quickly and efficiently as possible. You can expect to receive a response from us within 2 business days after submitting your complaint. If your case is particularly complex and cannot be resolved within 2 business days, we will provide you with an estimated time in which you should expect to receive such resolve. Thank You.



Limited Power of Attorney

To: Any and all of my Student Loan Creditors:

I, hereby duly authorize, empower and appoint the American Financial Benefits Center of 311 Professional Center Drive Suite #200, Rohnert Park, CA, 94928, its agents and representatives (AFBC) permission to perform any acts necessary or convenient, including but not limited to, the following on my behalf:

1. Prepare, sign, and file any documents pertaining to my Student Loans with any governmental body or agency, represent me in all Student Loan matters including negotiating, compromise, or settling any matters with such government agencies, and communicate as fully I could do if personally present and acting with any and/or all of my Federal Student Loan providers. To communicate with any/or all of my Federal Student Loan providers and their servicing agencies to consolidate or adjust my Student Loans. American Financial Benefits Center may discuss and coordinate financial adjustments on my behalf.

2. To communicate with banks, creditors, financial institutions, licensed collection agencies, and all other related entities and individuals relating to my Federal Student Loans, including but not limited to the balance of my account, payment history verification of the account, financial adjustments, and any and all necessary communications, correspondence, and negotiations regarding my account(s). I assert that all of the information that I have provided and will provide AFBC is true and accurate.

3. I hereby authorize third party communication from banks, creditors, financial institutions, licensed collection agencies, and all other related entities and individuals relating to my Federal Student Loans to communicate directly with AFBC concerning my account or the collection activities associated with it, in accordance with Section 805(b) of the Fair Debt Collection Practices Act. I further request that all of my lenders direct all further telephone calls to: 1-800-488-1490 and correspondence to: American Financial Benefits Center, 311 Professional Center Drive Suite #200, Rohnert Park, CA 94928 –Customer Service . Any and all communications directed to me will be referred to AFBC, and only AFBC will be authorized to deal with your company and or its representatives.

I understand that AFBC is not a law firm, is not licensed to practice law or provide legal advice and that I will not request or accept, any legal advice from AFBC relating to my personal financial situation. I expressly agree to waive, forgo, indemnify and defend any claim against the AFBC relating to the practice of law. I understand that any creditor or collection activity, demands, or lawsuits are unrelated to my enrollment in the AFBC program.

I agree that electronic or facsimile copy signature shall be deemed original and is an authorization by me for all lawfully enforceable purposes.

This Limited Power of Attorney shall remain in force until or unless modified or rescinded in writing, or upon resolution of the current matter.

Executed On (Date): 3/9/2015

Applicant Signature: 

Applicant SSN: 

Applicant Name: 

Applicant DOB: 

DocuSign Envelope ID: [REDACTED]

National Student Loan Data System Access

As part of the federal student loan consolidation application process, it will be necessary for American Financial Benefit Center to access your student loan information within the National Student Loan Data System located online at <http://www.nslds.ed.gov>, or through your specific loan servicer's online portal.

The National Student Loan Data System contains a complete list of your federal education loans, along with current estimated balances and servicer detail information that is required to complete your consolidation, or other repayment plan application.

By enrolling in the American Financial Benefits Center consolidation assistance program, **you are agreeing to allow American Financial Benefits Center and its authorized agents to access your profile and all the data contained within that profile.** In order to allow this access, you will need to provide American Financial Benefits Center with your Personal Identification Number (PIN).

Please note that all information that American Financial Benefits Center obtains from the National Student Loan Data System, or servicer online portal, will be used expressly for the purposes of confirming your eligibility for the American Financial Benefits Center consolidation, or other repayment plan assistance program, and assisting you in the consolidation of your federal education loans.

Acknowledgment

I, Milton Marshall, hereby acknowledge that I have read, understood, and agree to the above statements regarding access to my National Student Loan Data System profile. I understand that I will be asked to provide American Financial Benefits Center with my Personal Identification Number (PIN) and that American Financial Benefits Center and its authorized agents will use this PIN in order to access information regarding my federal education loans that is contained within the National Student Loan Data System. I understand that this information will be used solely for the purposes of verifying my eligibility for the American Financial Benefits Center consolidation assistance program and completing my application for a Federal Department of Education consolidation loan.

By signing this acknowledgment, I agree to allow American Financial Benefits Center to use my National Student Loan Data System PIN to access my personal profile as explained above.

DocuSigned by: [REDACTED]
Client Signature: _____ Date: 3/9/2015

American Financial Benefits Center

Privacy Policy

American Financial Benefits Center (hereinafter "Company") is dedicated to protecting your privacy and providing you with the highest level of service. This Policy explains what Company does to keep information about you private and secure. This Policy covers only information that you provide to Company or that it obtains about you from companies that you have chosen to do business with. Please read this Policy carefully and contact us if you have any questions.

Personal Information We Collect

The personal information we collect about you comes from the following sources:

- Information we receive from you, such as your name, address, and telephone number, or other information that you provide to us over the phone or in documents or applications,
- Information about your transactions, such as your account balances with your creditors, payment histories, account activity, and all other information that may be contained in your credit card statements or other reports relating to your debt, and
- Information we receive from consumer reporting agencies and other sources, such as your credit bureau reports, collection agency reports or other communications, and other information relating to your payment histories, creditworthiness, annual income, or ability to satisfy your obligations.

We reserve the right to, and will, sell or transfer your personal information to third parties for any purpose in our sole discretion. We prohibit the sale or transfer of personal information to non-affiliated entities for their use without giving you the opportunity to opt-out. We may disclose such information in order to effect or carry out any transaction that you have requested of us or as necessary to complete our contractual obligations with you. We may also share your information with service providers that perform business operations for us, companies that act on our behalf to market our services, or others only as permitted or required by law, such as to protect against fraud or in response to a subpoena. We may also share or transfer our information in the event we transfer or sell your account or our business assets to another provider.

By carrying out those services, we may disclose your information, as we see fit and as permitted by law, to your creditors, credit card companies, collection agencies, banks, and other entities and individuals specifically necessary to effect, administer and perform our services.

Your Choices / Opt-out

We provide you the opportunity to 'opt-out' of having your personally identifiable information used for certain purposes. By providing information to Company you are consenting to the collection, use and disclosure of such personal information in the manner described in this privacy policy. We provide you the opportunity to withdraw your consent when such information is collected.

Such consent may be withdrawn by calling the telephone number provided below or may be done in writing/email and sent to our customer service department at the following physical address or email address:

DocuSign Envelope ID: [REDACTED]

American Financial Benefits Center
311 Professional Center Drive Suite #200
Rohnert Park, CA 94928

If by email: info@afbcenter.com

If by phone: 1-800-488-1490

How We Protect Your Information

We train our employees to protect all customer information. We maintain physical, electronic and procedural controls that comply with government standards. We authorize our employees, agents and contractors to get information about you only when they need it to do their work with us. You can help to maintain the security of your online transactions by not sharing your personal information or password with anyone. Remember, no method of transmission over the Internet, or method of electronic storage, is 100% secure.

This Policy applies to current and former customers. If you have any questions, please contact American Financial Benefits Center at 311 Professional Center Drive Suite 200, Rohnert Park, CA 94928

DocuSigned by: [REDACTED]
Client Signature: _____ Date: 3/9/2015



IBR/PAYE/ICR

Income-Based (IBR) / Pay As You Earn / Income-Contingent (ICR) Repayment Plan Request
William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program

OMB No. 1845-0102
 Form Approved
 Exp. Date 11-30-2015

Use this form to (1) request an available repayment plan based on your income, (2) provide the required information for the annual reevaluation of your payment amount under one of these plans, or (3) request that your loan holder recalculate your monthly payment amount.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

- SSN
- Name
- Address
- City, State, Zip Code
- Telephone - Primary
- Telephone - Alternate
- E-mail Address (Optional)

SECTION 2: REPAYMENT PLAN REQUEST

Before completing this form, carefully read the entire form, particularly Sections 7, 8, and 9. Type or print using dark ink. If you need help completing this form, contact your loan holder(s). Return the completed form and any required documentation to the address shown in Section 10. You may be able to complete your request online by visiting studentloans.gov. Information about repayment plans and calculators are available at studentaid.gov.

Other repayment plans, such as extended or graduated, may be available and may offer a lower monthly payment amount. In addition, payment under the IBR, Pay As You Earn, or ICR plans may result in your paying more interest over time and may result in federal income tax liability on any loan amount that is forgiven under these plans.

1. Please select the reason that you are completing this request by checking box a, b, or c, below.
- a. I am requesting a repayment plan based on my income - Check the plan(s) you are requesting below and then continue to item 2.

	Direct Loan Program Loans*	FFEL Program Loans*
IBR	<input type="checkbox"/>	<input type="checkbox"/>
Pay As You Earn	<input type="checkbox"/>	Not Available
ICR	<input type="checkbox"/>	Not Available
I request that my loan holder determine which of the above plans I am eligible for, and place me on the plan with the lowest monthly payment amount.	<input type="checkbox"/> Only IBR will be considered for FFEL Program loans	

* Not all loan types under the FFEL and Direct Loan Programs are eligible for these plans (see Section 8).

For Direct Loan borrowers, your request will apply to all of your loans that are eligible for the plan you choose. For FFEL borrowers, you can exclude eligible loans if you request IBR prior to July 1, 2013. If you are a FFEL borrower and request IBR on or after July 1, 2013, you must repay all loans eligible for IBR under that plan. For all borrowers, you will need to choose a different repayment plan for loans that are not eligible for a repayment plan based on income or they will be placed on the standard repayment plan.

- b. I am submitting annual documentation for the recalculation of my monthly payment amount under my current repayment plan - Continue to item 2.
- c. I am requesting that my loan holder recalculate my current monthly payment amount because my circumstances have changed - Continue to item 2.
2. Check this box if you owe eligible loans to more than one loan holder. You must submit a separate request to each holder of the loans you want to repay under the IBR, Pay As You Earn, or ICR plan.

You must promptly submit to your loan holder(s) this completed form and acceptable documentation of your Adjusted Gross Income (see Section 4), or, if applicable, alternative documentation of your current income (see Section 5).

SECTION 3: SPOUSAL INFORMATION

Complete this section if any of the following apply to you:

- You file a joint federal income tax return with your spouse and your spouse has eligible loans. Enter information about your spouse, below.
- You have a joint Direct or FFEL Consolidation Loan that you obtained with your spouse. Enter information about the co-borrower of the loan.
- You and your spouse have Direct Loans and both of you want to repay those loans under the ICR Plan. Enter information about your spouse, below.

3. Spouse's SSN - -
4. Spouse's Name
5. Spouse's Date of Birth - -
6. My spouse and I wish to repay our Direct Loans jointly under the ICR Plan.

If you file a joint federal income tax return with your spouse, your loan holder(s) will base your eligibility determination and monthly payment amount on your and your spouse's combined income regardless of whether your spouse has eligible federal student loans. However, if your spouse does not have eligible student loans, you do not need to complete this section.

If you complete this section, your spouse is also required to sign this form. By signing, your spouse is authorizing the loan holder(s) to access information about his or her federal student loans in the National Student Loan Data System (NSLDS). In addition, if the Department is not your loan holder and your FFEL loan holder(s) does not service at least one of your spouse's loans, your loan holder(s) will need detailed information about all of your spouse's loans to accurately evaluate your eligibility and payment amount. Your spouse should log into NSLDS at nslds.ed.gov to give your loan holder(s) access to his or her loan information. To obtain the organization code needed for authorization on NSLDS or for other options to provide the loan details needed on your spouse's loans, contact your loan holder(s).

SECTION 4: FAMILY SIZE AND FEDERAL TAX INFORMATION

7. Enter your family size (as defined in Section 8).

Note: If you do not enter your family size, your loan holder(s) will assume a family size of one. For purposes of these repayment plans, your family size may be different from the number of exemptions you claim on your federal tax return. By signing this form, you are certifying that the family size you enter above is correct.

8. Did you file a federal income tax return for either of the two most recently completed tax years?

- Yes – Continue to Item 9.
- No – Skip to Section 5.

9. Is your current income or your spouse's current income (if you completed Section 3 or file a joint federal income tax return) significantly different than the income used to determine the Adjusted Gross Income* (AGI) reported to the IRS on your most recently filed federal income tax return?

- Yes – Continue to Section 5.
- No – Provide your most recently filed federal income tax return or IRS tax return transcript. Skip to Section 6.

*You can find your Adjusted Gross Income on your most recently filed IRS Form 1040, 1040A, or 1040EZ.

SECTION 5: ALTERNATIVE DOCUMENTATION OF INCOME

To be completed if (1) you did not file a federal income tax return for the two most recently completed tax years, (2) your AGI from your most recently filed federal income tax return does not reasonably reflect your current income (due to circumstances such as the loss of or change in employment), or (3) your loan holder(s) informed you that alternative documentation of income is required.

10. Do you have taxable income? Check "No" if (1) you do not have any income, (2) receive only untaxed income (such as Supplemental Security Income, child support, or federal or state public assistance), or (3) are not required to file a federal income tax return based on the amount of your taxable income.

- Yes – Provide documentation of this income, as described below.
- No – By signing this form, you are certifying that you have no taxable income or are not required to file a federal income tax return based on the amount of your taxable income.

11. If you are married and completed Section 3 or file a joint federal income tax return with your spouse, does your spouse have taxable income? Check "No" if (1) your spouse does not have any income, (2) receives only untaxed income (such as Supplemental Security Income, child support, or federal or state public assistance), or (3) is not required to file a federal income tax return based on the amount of his/her taxable income.

- Yes – Provide documentation of your spouse's income, as described below.
- No – By signing this form, your spouse is certifying that he/she has no taxable income or is not required to file a federal tax return based on the amount of his/her taxable income.

You must provide documentation of all taxable income that you currently receive from all sources (for example, income from employment, unemployment income, dividend income, interest income, tips, alimony). If you are married and completed Section 3 or file a joint federal income tax return, you must also provide documentation of your spouse's taxable income. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.

You must provide one piece of supporting documentation for each source of income (your and your spouse's). For example, documentation includes pay stubs, a letter(s) from your employer(s) listing income, interest or bank statements, or dividend statements. If these forms of documentation are unavailable, attach a signed statement from you or your spouse explaining the income source(s) and giving the name and the address of the source(s).

Unless the frequency is clearly indicated on the documentation that you provide, write on your documentation how often you receive the income, for example, "twice per month" or "every other week". The date on any supporting documentation you provide must be no older than 90 days from the date you sign this form. Copies of original documentation are acceptable.

SECTION 6: BORROWER REQUEST, UNDERSTANDINGS, AGREEMENT, AUTHORIZATION, AND CERTIFICATION

- I request to use the plan I selected in Section 2 to repay my eligible Direct Loan or FFEL Program loans held by the holder(s) to which I submit this form. If I selected the option to allow my loan holder(s) to choose my plan, I request my loan holder(s) to place me in the plan with the lowest monthly payment amount. If more than one plan provides the same initial payment amount, I understand that my loan holder will choose the plan that is likely to keep my monthly payment amount lower in subsequent years.
- I understand that: (1) If I am entering repayment on my loan(s) for the first time and do not provide my loan holder(s) with this completed form and any other documentation required by my loan holder(s), or if I do not qualify for the repayment plan that I requested, I will be placed on the standard repayment plan (see Section 8). (2) If I am currently repaying my loan(s) under a different repayment plan and want to change to the repayment plan I selected in Section 2, my loan holder(s) may grant me a forbearance for up to 60 days to collect and process documentation supporting my request for the selected plan. I am not required to make loan payments during this period of forbearance, but interest will continue to accrue. Unpaid interest that accrues during this maximum 60-day forbearance period will not be capitalized (see Section 8). (3) If I am delinquent in making payments under my current repayment plan at the time I request one of the repayment plans listed in Section 2, my loan holder(s) may grant me a forbearance to cover any payments that are overdue, or that would be due, at the time I enter the repayment plan I requested. Unpaid interest that accrues during this forbearance period may be capitalized. (4) If I am requesting the ICR plan, my initial payment amount will be the amount of interest that accrues each month on my loan(s) until my loan holder receives the income documentation needed to calculate my ICR payment amount. If I cannot afford the initial interest payments, I may request forbearance by contacting my loan holder.
- I authorize the entity to which I submit this request (i.e., the school, the lender, the guaranty agency, the U.S. Department of Education, and their respective agents and contractors) to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.
- I certify that all of the information I have provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief.

Borrower's Signature 

Date 3/9/2015

Spouse's Signature (if required)

Date

Note: Your spouse's signature is required if you completed Section 3 and/or completed Item 11.



GENERAL FORBEARANCE REQUEST

William D. Ford Federal Direct Loan Program

CMB No. 1845-0031
Form Approved
Exp. Date 12/31/2015

GFB

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

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN

Name

Address

City, State

Telephone

Telephone

E-mail Address

SECTION 2: FORBEARANCE REQUEST

Before completing this form, carefully read the entire form, including the instructions and other information in Sections 3, 4, and 5.

I am willing but unable to make my current Direct Loan payments due to a temporary hardship. I am requesting this forbearance because I am experiencing a temporary hardship related to one of the following situations (check one):

- Financial difficulties
- Change in employment
- Medical circumstances
- Other (explain): _____

If this forbearance request is approved, I want to (check one):

- Temporarily stop making payments; or
- Temporarily make smaller payments of \$ _____ per month.

If this forbearance request is approved, I am requesting that the U.S. Department of Education (ED) grant a forbearance on my loan(s) beginning (MM-DD-YYYY)

3 | 9 | 2015 and ending (MM-DD-YYYY) 9 | 9 | 2015 for a period not to exceed 12 months

SECTION 3: BORROWER/ENDORSEER UNDERSTANDINGS AND CERTIFICATIONS

I understand that the following terms and conditions apply to this forbearance request:

- (1) ED will not grant this forbearance request unless this form is completed and any required supporting documentation is provided.
- (2) ED may grant a forbearance on my loans for up to 60 days, if necessary, for the collection and processing of documentation related to my forbearance request. ED will not capitalize interest that accrues during this forbearance.
- (3) If I am past due on payments not covered by this forbearance, ED may grant an additional forbearance on my loan(s) to resolve all payments due when my request is processed, and all unpaid interest may be capitalized.
- (4) At the end of the forbearance, I may apply to renew the forbearance if I am still experiencing a financial hardship.
- (5) I will continue to receive billing statements for my current payment amount, which I must pay until I am notified by my servicer that my forbearance request has been granted.
- (6) During the forbearance period, I am not required to make payments of loan principal and interest, but interest will be charged on all of my loans.
- (7) If I requested to temporarily stop making payments, I will receive an interest notice, and I may pay the interest at any time. If I do not pay the interest that accrues on my loan(s), it will be capitalized at the end of the forbearance period.
- (8) If I requested to temporarily make smaller payments, I will receive a monthly notice for the requested payment amount until the forbearance ends, and any unpaid interest that has accrued during the period will be capitalized at the end of the forbearance period.

I certify that

- (1) The information I have provided on this form is true and correct.
- (2) I will provide any additional documentation to ED, as required, to support my continued forbearance status.
- (3) I will notify ED immediately when the condition that qualified me for the forbearance ends.
- (4) I agree to repay my loan(s) according to the terms of my promissory note, regardless of whether the forbearance is granted.

I authorize the entity to which I submit this request (i.e., the school, the lender, the guaranty agency, ED, and their respective agents and contractors) to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated dialing equipment or artificial or prerecorded voice or text messages.

DocuSigned by:

BORROWER'S OR ENDORSER'S SIGNATURE: _____

DATE: 3/9/2015

American Financial Benefits Center Document Preparation and Service Agreement

Section 1: Client Information		Client ID: [REDACTED]	Agreement Date: 3/9/2015
Client First Name: [REDACTED]	Client Last Name: [REDACTED]		
Client Middle Initial: [REDACTED]	Former Last Name		
Street Address: [REDACTED]	City, State, Zip: Las Vegas NV 89119		
Client Email: [REDACTED]	Client Phone: [REDACTED]		
Section 2: Client's Estimated Summary of Current Federal Student Loans			
The basis of this summary is derived from the input provided by the client.			
Estimated Total Federal Loan Balance: [REDACTED]	Loan Status (current, delinquent, default, consolidated): Current		
Approximate Current Monthly Payment: \$ 960.00	Federal Loan Types (Single, Multi): Multi		
Estimated New Loan Payment: \$.00	New Loan Payment Validation Term: Annually		
Estimated Payment Adjusted After (Months): 20	Current Loan Service(s): Great Lakes/ ACS		
Section 3: Required Consolidation Application Information			
Client SSN: [REDACTED]	Client DOB (MM-DD-YYYY): [REDACTED]		
DL / ID Number & State: [REDACTED]	DOE PIN Code: [REDACTED]		
Employer Name: Veterans Services	Occupation: Veterans Services- Program		
Employer Street Address: [REDACTED]	Employer City, State, Zip: Las Vegas NV 89119		
Employer Phone: [REDACTED]	Client Stated Family Size: 8		
Client Marital Status: Single	Client Stated Tax Filing Status: single		
Current Annual Income: \$ [REDACTED]	Form of Documented Income Submitted: TAX RETURN		
Spouse First Name:	Spouse Last Name:		
Spouse SSN:	Spouse DOB:		
Spouse Employer Name:	Spouse Work Phone:		
Spouse Annual Income: \$	PSLF Candidate (Yes/No): Yes		
References: 2 Persons with different addresses, PO Boxes are NOT acceptable, not residing in the same home (for example, a spouse) or anyone living outside the U.S.			
Reference 1 Full Name: [REDACTED]	Permanent Address: [REDACTED]		
Reference 1 Phone: [REDACTED]	Relationship to Client: [REDACTED]		
Reference 2 Full Name: [REDACTED]	Permanent Address: [REDACTED]		
Reference 2 Phone: [REDACTED]	Relationship to Client: [REDACTED]		
Section 4: AFBC Document Preparation and Service Agreement Program Payment			
American Financial Benefits Center Payment/Fees are separate of loan costs and/or payments made by Client			
AFBC Program Payment/Fee Amount: \$ 600	AFBC Program Payment Amount: \$ 100		
First Program Payment Date: 2015-11-03	Payment Term (months): 6		
Section 5: Client Payment Information			
Bank Name: [REDACTED]	Account Number: [REDACTED]		
Account Type (Checking / Savings): Checking	Routing Number: [REDACTED]		
Notes: C- 6 Min			

This Service Agreement is made and entered into, the date of signing, by and between American Financial Benefits Center ("AFBC"), and Client, as stated in Section 1, hereinafter referred to as ("Client") residing at address as stated in Section 1. Subject to, and conditioned upon, the following for the Client Student Loan Document Preparation and Service Agreement. All information above is provided by the Client.

DocuSigned by: [REDACTED]
 Client Signature: [REDACTED] Date: 3/9/2015

[REDACTED]

Date: 3/9/2015

Name & Address:

[REDACTED]

[REDACTED]

Las Vegas NV 89119

To whom this may concern,

To the best of my knowledge, my current annual income for this year
will be \$ [REDACTED]

Thank you,

DocuSigned by:
[REDACTED]
Signed: [REDACTED]

Print: Milton Marshall

SSN: [REDACTED]

Hand Signed Documents

&

Income Verification Request

For processing purposes, please hand-sign and return to AFBC the documents requested below. This will ensure that we have all the necessary forms required to work directly with your current and / or new student loan service provider on your behalf.

Additionally, please provide your most recently filed complete federal tax return along with 30 days of your most recent paystubs.

Please forward the requested information to one of the locations below:

If by scan / email: income.doc@afbcenter.com

If by fax: (888) 334 - 6281

If by mail: AFBC , Attn: Documents

311 Professional Center Drive Suite 200

Rohnert Park, CA 94928

[REDACTED]

Date:

RE: Cancellation Request for Automatic Withdrawal of Student Loan Payment

To: Whom it may concern,

At this time, I am requesting that your company cancel any and all automatic withdrawals (EFT or ACH) being debited from my account for the purposes of paying my student loan payment. Per our agreement, please consider this written notification to cancel this, and all future payment transactions.

Sincerely,

Signed: 

Print: Milton Marshall

SSN: 



Limited Power of Attorney

To: Any and all of my Student Loan Creditors:

I, hereby duly authorize, empower and appoint the American Financial Benefits Center of 311 Professional Center Drive Suite #200, Rohnert Park, CA, 94928, its agents and representatives (AFBC) permission to perform any acts necessary or convenient, including but not limited to, the following on my behalf:

1. Prepare, sign, and file any documents pertaining to my Student Loans with any governmental body or agency, represent me in all Student Loan matters including negotiating, compromise, or settling any matters with such government agencies, and communicate as fully I could do if personally present and acting with any and/or all of my Federal Student Loan providers. To communicate with any/or all of my Federal Student Loan providers and their servicing agencies to consolidate or adjust my Student Loans. American Financial Benefits Center may discuss and coordinate financial adjustments on my behalf.

2. To communicate with banks, creditors, financial institutions, licensed collection agencies, and all other related entities and individuals relating to my Federal Student Loans, including but not limited to the balance of my account, payment history verification of the account, financial adjustments, and any and all necessary communications, correspondence, and negotiations regarding my account(s). I assert that all of the information that I have provided and will provide AFBC is true and accurate.

3. I hereby authorize third party communication from banks, creditors, financial institutions, licensed collection agencies, and all other related entities and individuals relating to my Federal Student Loans to communicate directly with AFBC concerning my account or the collection activities associated with it, in accordance with Section 805(b) of the Fair Debt Collection Practices Act. I further request that all of my lenders direct all further telephone calls to: **1-800-488-1490** and correspondence to: **American Financial Benefits Center, 311 Professional Center Drive Suite #200, Rohnert Park, CA 94928 –Customer Service** . Any and all communications directed to me will be referred to AFBC, and only AFBC will be authorized to deal with your company and or its representatives.


I understand that AFBC is not a law firm, is not licensed to practice law or provide legal advice and that I will not request or accept, any legal advice from AFBC relating to my personal financial situation. I expressly agree to waive, forgo, indemnify and defend any claim against the AFBC relating to the practice of law. I understand that any creditor or collection activity, demands, or lawsuits are unrelated to my enrollment in the AFBC program.

I agree that electronic or facsimile copy signature shall be deemed original and is an authorization by me for all lawfully enforceable purposes.

This Limited Power of Attorney shall remain in force until or unless modified or rescinded in writing, or upon resolution of the current matter.

Executed On (Date): 3/9/2015

Applicant Signature:  **Applicant SSN:** 

Applicant Name: Milton Marshall **Applicant DOB:**  /

Marshall Attachment B

-----Original Message-----

From: Nicole Williams <nicole.williams@afbcenter.com>

To: [REDACTED]

Sent: Wed, Apr 8, 2015 11:01 am

Subject: In regards to your AFBC inquiry

Good Morning,

We received your inquiry about your payment draft. The first payment does take a bit longer to process as the bank and merchant have to match up. Your payment was drafted on the 3rd of April and is currently pending. It should go through by the end of the week.

I hope you have a great day!

Please confirm that I have met your expectations at this time regarding the above matters. Thank you!

--

Warm Regards,

Nicole Williams

Customer Service

American Financial Benefits Center

311 Professional Center Drive Suite 200

Rohnert Park, CA 94928

Phone: [800-488-1490](tel:800-488-1490) ext. 152

Fax: [888-334-6281](tel:888-334-6281)

Email: nicole.williams@afbcenter.com

Website: www.afbcenter.com

Our Client Promise:

100% Client Satisfaction - 100% of The Time

NOTICE: The information contained in (and attached to) this e-mail is intended only for the personal and confidential use of the designated recipient(s) named above. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you received this communication in error, please notify us immediately by reply e-mail, and delete the original message (including attachments)

Marshall Attachment C

-----Original Message-----

From: [REDACTED]
To: income.doc <income.doc@afbccenter.com>
Sent: Wed, Apr 6, 2016 12:53 pm
Subject: Re: *IMPORTANT* AFBC - Additional Documents Required

Hello,

This is the second time I submitted these documents. Please don't loose these. I haven't filed taxes for this year, however, I've enclosed my earning statements for the last two pay periods, along with a signed IBR paper work.

Best,

Milton

The document s are attached here...

Subject: *IMPORTANT* AFBC - Additional Documents Required

Dear Milton,

Our records indicate that additional documents are needed to further process your file. Please see below for a complete list of documents that we need, as well as documents we have on file.

Anything marked "Needed" will need to be sent to us as soon as possible. You may reply to this email with the necessary documents attached.

Marshall Attachment C-1

You can also fax documents to 888-334-6281 or mail them to:

American Financial Benefits Center
c/o Document Collection Dept
311 Professional Center Drive #200
Rohnert Park, CA 94928

Please see below for the complete list of documents we require.

Most Recent 30 Days of Paystubs: Needed

Most Recently Filed Tax Return: Needed

Statement of Income: N/A

PSLF Employment Certification Form: Received

Stop Automatic Payment To Servicer Form: N/A

Recent Loan Servicer Statement(s) or Documents: N/A (Pulled Fed Site Statement)

IBR/ICR Application Form: Need Client Signature

Forbearance Form: Need Client Signature

Stop/Freeze Forbearance Form: Received

Voided Check: Received

Notes by our Document Collection Department:

Thank you!

AFBC Team
1-800-488-1490 ext. 0

NOTICE: The information contained in (and linked to) this e-mail is intended only for the personal and confidential use of the designated recipient(s) named above. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you received this communication in error, please notify us immediately by reply e-mail, and delete the original message (including attachments/links).



INCOME-DRIVEN REPAYMENT PLAN REQUEST:

For the Revised Pay As You Earn (REPAYE), Pay As You Earn (PAYE), Income-Based (IBR), and Income-Contingent (ICR) repayment plans under the William D. Ford

OMB No. 1845-0102
Form Approved
Exp. Date 10/31/2018

IDR Federal Direct Loan (Direct Loan) and Federal Family Education Loan (FFEL) Programs

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN [REDACTED]

Name Milton Marshall

Address [REDACTED]

City, State, Zip Code Las Vegas NV [REDACTED]

Telephone - Primary ([REDACTED]) - [REDACTED]

Telephone - Alternate ([REDACTED]) - [REDACTED]

Email (Optional) _____

SECTION 2: REPAYMENT PLAN OR RECERTIFICATION REQUEST

READ BEFORE COMPLETING THIS FORM:

- You can apply online at StudentLoans.gov. It is faster and easier to complete this form online.
- Income-driven repayment plans offer many benefits, but may not be right for everyone.
- You can learn more about these plans at StudentAid.gov/IDR and by reading Sections 9 and 10.
- It's simple to explore all of your repayment options at StudentAid.gov/repayment-estimator.
- You can find out which types of loans you have and who your loan holder or servicer is at nslds.ed.gov.
- If you need help completing this request, contact your loan holder or servicer for free assistance.
- You may have to pay income tax on any loan amount forgiven under an income-driven plan.

1. Select the reason you are submitting this form (Check only one):

- I am not in an income-driven repayment plan, but want to enter one - Continue to Item 2.
- I am already in an income-driven repayment plan and am submitting documentation for the annual recalculation of my payment - Skip to Item 5.
- I am already in an income-driven repayment plan and am submitting documentation early because I want my loan holder to recalculate my payment immediately - Skip to Item 5.
- I am already in an income-driven repayment plan, but want to change to a different income-driven repayment plan - Continue to Item 2.

2. Choose a plan and then continue to Item 3.

- (Recommended) I want my loan holder to place me on the plan with the lowest monthly payment.
- REPAYE IBR
- PAYE ICR

3. Do you have multiple loan holders or servicers?

- Yes - Submit a separate request to each loan holder or servicer. Continue to Item 4.
- No - Continue to Item 4.

4. Are you currently in a deferment or forbearance?

- No - Continue to Item 5.
- Yes, but I want to start making payments under my plan immediately - Continue to Item 5.
- Yes, but I do not want to start repaying my loans until the deferment or forbearance ends - Continue to Item 5.

If you have FFEL Program loans, they may only be repaid under IBR. If you request a different plan, your loan holder will consider you for IBR on your FFEL Program loans. You may be able to consolidate your FFEL Program loans into a Direct Consolidation Loan to take advantage of other income-driven plans by visiting StudentLoans.gov.

SECTION 3: FAMILY SIZE INFORMATION

5. How many children, including unborn children, are in your family and receive more than half of their support from you?

0 . Continue to Item 6.

A definition of "family size" is available in Section 9. Do not enter a value for you or your spouse. Those values are automatically included, if appropriate.

6. How many people, excluding your spouse and children, live with you, and receive more than half of their support from you?

0 . Continue to Item 7.

7. What is your marital status?

- Single - Continue to Item 8.
- Married - Skip to Item 11.

SECTION 4A: INCOME INFORMATION FOR SINGLE BORROWERS

8. Did you file a federal income tax return for either of the past two tax years?

- Yes - Continue to Item 9.
- No - Skip to Item 10.

9. Has your income significantly changed since you filed your last federal income tax return? For example, have you lost your job, gotten divorced, or experienced a drop in income?

- Yes - Continue to Item 10.
- No - Provide your most recent federal income tax return or transcript. Skip to Section 6.

10. Do you currently have taxable income? Check "No" if you do not have any income or receive only untaxed income.

- Yes - Skip to Section 5.
- No - Skip to Section 6.

Remember, any person who makes a knowingly false statement or misrepresentation on this form may be subject to fines, imprisonment, or both.

SECTION 4B: LOAN AND INCOME INFORMATION FOR MARRIED BORROWERS

11. Does your spouse have federal student loans?

- Yes - Continue to Item 12.
- No - Skip to Item 14.

12. Provide the following information about your spouse and then continue to Item 13:

a. Spouse's SSN:

_____ - _____ - _____

b. Spouse's Name

c. Spouse's Date of Birth

____/____/____

13. If you are placed on the ICR plan, do you want to repay your Direct Loans jointly with your spouse?

- Yes - Continue to Item 14.
- No - Continue to Item 14.

14. When you filed your last federal income tax return, did you file jointly with your spouse?

- Yes - Continue to Item 15.
- No - Skip to Item 20.

15. Did you and your spouse file a federal income tax return for either of the past two tax years?

- Yes - Continue to Item 16.
- No - Skip to Item 18.

16. Has your income significantly changed since you filed your last federal income tax return? For example, have you lost your job or experienced a drop in income?

- Yes - Skip to Item 18.
- No - Continue to Item 17.

17. Has your spouse's income significantly changed since your spouse filed his or her last federal income tax return? For example, has your spouse lost his or her job or experienced a drop in income?

- Yes - Continue to Item 18.
- No - Provide your and your spouse's most recent federal income tax return or transcript. Skip to Section 6.

18. Do you currently have taxable income? Check "No" if you do not have any income or receive only untaxed income.

- Yes - Provide documentation of your income as instructed in Section 5. Continue to Item 19.
- No - Continue to Item 19.

Remember, any person who makes a knowingly false statement or misrepresentation on this form may be subject to fines, imprisonment, or both.

SECTION 4B: LOAN AND INCOME INFORMATION FOR MARRIED BORROWERS (CONTINUED)

19. Does your spouse currently have taxable income? Check "No" if your spouse has no taxable income or receives only untaxed income.
- Yes - Provide documentation of your spouse's income as instructed in Section 5.
- No - Skip to Section 6.
20. Did you file a federal income tax return for either of the past two years?
- Yes - Continue to Item 21.
- No - Skip to Item 22.
21. Has your income significantly changed since you filed your last federal income tax return? For example, have you lost your job or experienced a drop in income?
- Yes - Continue to Item 22.
- No - Provide your most recent federal income tax return or transcript. Skip to Item 23.
22. Do you currently have taxable income? Check "No" if you have no taxable income or receive only untaxed income.
- Yes - Provide documentation of your income as instructed in Section 5. Continue to Item 23.
- No - Continue to Item 23.
23. Are you separated from your spouse?
- Yes - Provide documentation of only your income as instructed in Item 21 or 22 and then skip to Section 6.
- No - Continue to Item 24.
24. Are you reasonably able to access information about your spouse's income and able to have your spouse sign this application?
- Yes - Continue to Item 25.
- No - Provide documentation of only your income as instructed in Item 21 or 22 and then skip to Section 6.
25. Did your spouse file a federal income tax return for either of the past two tax years?
- Yes - Continue to Item 26.
- No - Skip to Item 27.
26. Has your spouse's income significantly changed since your spouse filed his or her last federal income tax return? For example, has your spouse lost a job or experienced a drop in income?
- Yes - Continue to Item 27.
- No - Provide your spouse's most recent federal income tax return or transcript. This information will only be used for the REPAYE Plan. Skip to Section 6.
27. Does your spouse currently have taxable income? Check "No" if your spouse has no taxable income or received only untaxed income.
- Yes - Provide documentation of your spouse's income as instructed in Section 5. This information will only be used for the REPAYE Plan.
- No - Skip to Section 6.

Remember, any person who makes a knowingly false statement or misrepresentation on this form may be subject to fines, imprisonment, or both.

SECTION 5: INSTRUCTIONS FOR DOCUMENTING CURRENT INCOME

You only need to follow these instructions if, based on your answers in Section 4, you and your spouse (if applicable) are required to provide documentation of your current income instead of a tax return or tax transcript. After gathering the appropriate documentation, continue to Section 6.

- You must provide documentation of all **taxable income** you and your spouse currently receive.
- **Documentation will usually include** a pay stub or letter from your employer listing your gross pay.
- You must provide at least **one piece** of documentation for each source of taxable income.
- **Taxable income includes**, for example, income from employment, unemployment income, dividend income, dividend income, interest income, tips, and alimony.
- Do not provide documentation of **untaxed income** such as Supplemental Security Income, child support, or federal or state public assistance.
- If **documentation is not available or you want to explain your income**, attach a signed statement explaining each source of income and giving the name and the address of each source of income.
- Write on your documentation **how often you receive the income**, for example, "twice per month" or "every other week."
- The **date** on any supporting documentation you provide must be **no older than 90 days** from the date you sign this form.
- Copies of documentation are acceptable.

SECTION 6: BORROWER REQUESTS, UNDERSTANDINGS, AUTHORIZATION, AND CERTIFICATION

If I am requesting an income-driven repayment plan or seeking to change between income-driven repayment plans, I request:

- That my loan holder place me on the plan I selected in Section 2 to repay my eligible Direct Loan or FFEL Program loans held by the holder to which I submit this form.
- If I do not qualify for the plan or plans I requested, that my loan holder place me on the plan with the lowest monthly payment amount.
- If I selected more than one plan, that my loan holder place me on the plan with the lowest monthly payment amount from the plans that I requested.
- If more than one of the plans that I selected provides the same initial payment amount, or if my loan holder is determining which income-driven plans I qualify for and I qualify for more than one of those plans, my loan holder will use the following order in choosing my plan: REPAYE (if my repayment period is 20 years), PAYE, REPAYE (if my repayment period is 25 years), IBR and then ICR.

If I am currently repaying my Direct Loans under the IBR plan and am requesting to change to another income-driven plan, I must be placed on the Standard Repayment Plan, and cannot change to the plan that I requested until I make a payment under the Standard Repayment Plan or make a payment under a reduced-payment forbearance.

If I check the box below, I request that my loan holder grant me a reduced-payment forbearance for one month so that I can move from the IBR plan to my new income-driven repayment plan.

I want a one-month reduced-payment forbearance in the amount of _____ (must be at least \$5).

I understand that:

- If I do not provide my loan holder with this completed form and any other required documentation, I will not be placed on the plan that I requested.
- I may choose a different repayment plan for any student loans that are not eligible for income-driven repayment.
- If I requested a reduced-payment forbearance of less than \$5 above, my loan holder will grant my forbearance request in the amount of \$5.
- If I am requesting the ICR plan, my initial payment amount will be the amount of interest that accrues each month on my loan until my loan holder receives the income documentation needed to calculate my payment amount. If I cannot afford the initial payment amount, I may request a forbearance by contacting my loan holder.
- If I have FFEL Program loans, my spouse may be required to give my loan holder access to his or her loan information in the National Student Loan Data System (NSLDS). My loan holder will contact me with further instructions.
- My loan holder may grant me a forbearance while processing my application or to cover any period of delinquency that exists when I submit my application.

I authorize the loan holder to which I submit this request (and its agents or contractors) to contact me regarding my request or my loan(s), including repayment of my loan(s), at any number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I certify that all of the information I have provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief.

Borrower's Signature *Michelle L. Marshall* Date: 3/3/2018

Spouse's Signature _____ Date: _____

If you are married, your spouse is required to sign this form unless you answered "yes" to Item 23 or "no" to Item 24.

CIVILIAN LEAVE AND EARNINGS STATEMENT							1. Pay Period End 02/06/16	
							2. Pay Date 02/12/16	
3. Name MARSHALL MILTON L	4. Pay Plan/Grade/Step [REDACTED]	5. Hourly/Daily Rate [REDACTED]	6. Basic OT Rate [REDACTED]	7. Basic Pay + Locality Adj = Adjusted Basic Pay [REDACTED]				
8. Soc. Sec. No. [REDACTED]	9. Locality % [REDACTED]	10. FLSA Category [REDACTED]	11. SCD Leave [REDACTED]	12. Max Leave Carry Over [REDACTED]	13. Leave Year End 01/07/17			
14. Financial Institution - Net Pay [REDACTED]		15. Financial Institution - Allotment #1 [REDACTED]		16. Financial Institution - Allotment #2 [REDACTED]				
17. Tax Marital Exemptions Add'l [REDACTED]		18. Tax Marital Exemptions Add'l Taxing Authority Status [REDACTED]		19. Cumulative Retirement [REDACTED]		20. Military Deposit PAID: [REDACTED] OWED: [REDACTED]		
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY			Current Year to Date [REDACTED]	22. TSP DATA [REDACTED]				
CURRENT EARNINGS								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE		
REGULAR PAY	[REDACTED]	[REDACTED]						
DEDUCTIONS								
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	
FEGLI	CO	[REDACTED]	[REDACTED]	MEDICARE		[REDACTED]	[REDACTED]	
OASDI		[REDACTED]	[REDACTED]	ORG/UNION	V1HA	[REDACTED]	[REDACTED]	
RETIRE. FERS	KF	[REDACTED]	[REDACTED]	TAX PMT. VOL		[REDACTED]	[REDACTED]	
TAX, FEDERAL		[REDACTED]	[REDACTED]	TSP SAVINGS		[REDACTED]	[REDACTED]	
DENTAL		[REDACTED]	[REDACTED]	VISION		[REDACTED]	[REDACTED]	
LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL SICK	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
BENEFITS PAID BY GOVERNMENT FOR YOU								
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE			
FEGLI	[REDACTED]	[REDACTED]	MEDICARE	[REDACTED]	[REDACTED]			
OASDI	[REDACTED]	[REDACTED]	RETIRE. FERS	[REDACTED]	[REDACTED]			
TSP BASIC	[REDACTED]	[REDACTED]	TSP MATCHING	[REDACTED]	[REDACTED]			
REMARKS								
YOUR PAYROLL OFFICE ID NUMBER IS [REDACTED] - DEPARTMENT OF VETERANS AFFAIRS. YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT TAKE THIS ACTION, CONTACT 1-888-332-7411 OR (216) 522-5096. THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY								

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

CIVILIAN LEAVE AND EARNINGS STATEMENT							1. Pay Period End 03/19/16	
							2. Pay Date 03/25/16	
3. Name MARSHALL MILTON L	4. Pay Plan/Grade/Step [REDACTED]	5. Hourly/Daily Rate [REDACTED]	6. Basic OT Rate [REDACTED]	7. Basic Pay + Locality Adj = Adjusted Basic Pay [REDACTED]				
8. Soc Sec No [REDACTED]	9. Locality % [REDACTED]	10. FLSA Category [REDACTED]	11. SCD Leave [REDACTED]	12. Max Leave Carry Over [REDACTED]	13. Leave Year End 01/07/17			
14. Financial Institution - Net Pay [REDACTED]		15. Financial Institution - Allotment #1 [REDACTED]		16. Financial Institution - Allotment #2 [REDACTED]				
17. Tax Marital Exemptions Add'l Status FED [REDACTED]	18. Tax Marital Exemptions Add'l Taxing Authority Status [REDACTED]			19. Cumulative Retirement FERS: [REDACTED]	20. Military Deposit PAID: [REDACTED] OWED: [REDACTED]			
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY		Current [REDACTED]	Year to Date [REDACTED]	22. TSP DATA [REDACTED]				
CURRENT EARNINGS								
TYPE REGULAR PAY	HOURS/DAYS [REDACTED]	AMOUNT [REDACTED]	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
DEDUCTIONS								
TYPE FGLI OASDI RETIRE, FERS TAX, FEDERAL DENTAL	CODE CO KF	CURRENT [REDACTED]	YEAR TO DATE [REDACTED]	TYPE MEDICARE ORG/UNION TAX PMT, VOL TSP SAVINGS VISION	CODE VIHA	CURRENT [REDACTED]	YEAR TO DATE [REDACTED]	
LEAVE								
TYPE ANNUAL SICK	PRIOR YR BALANCE [REDACTED]	ACCRUED PAY PD [REDACTED]	ACCRUED YTD [REDACTED]	USED PAY PD [REDACTED]	USED YTD [REDACTED]	DONATED/ RETURNED [REDACTED]	CURRENT BALANCE [REDACTED]	USE-LOSE/ TERM DATE [REDACTED]
BENEFITS PAID BY GOVERNMENT FOR YOU								
TYPE FGLI OASDI TSP BASIC	CURRENT [REDACTED]	YEAR TO DATE [REDACTED]	TYPE MEDICARE RETIRE, FERS TSP MATCHING	CURRENT [REDACTED]	YEAR TO DATE [REDACTED]			
REMARKS								
YOUR PAYROLL OFFICE ID NUMBER IS [REDACTED] - DEPARTMENT OF VETERANS AFFAIRS. IT IS YOUR DUTY TO COMPLY WITH FEDERAL TAX LAWS. CALL THE IRS FOR ASSISTANCE AT 1-800-829-1040 OR ACCESS THEIR WEBSITE AT WWW.IRS.GOV. THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY.								

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

CIVILIAN LEAVE AND EARNINGS STATEMENT							1. Pay Period End 03/05/16
							2. Pay Date 03/11/16
3. Name MARSHALL MILTON L		4. Pay Plan/Grade/Step	5. Hourly/Daily Rate	6. Basic OT Rate	7. Basic Pay + Locality Adj = Adjusted Basic Pay		
8. Soc Sec No		9. Locality %	10. FLSA Category	11. SCD Leave	12. Max Leave Carry Over	13. Leave Year End	
14. Financial Institution - Net Pay			15. Financial Institution - Allotment #1		16. Financial Institution - Allotment #2		
17. Tax Marital Exemptions Add'l Status		18. Tax Marital Exemptions Add'l Status		19. Cumulative Retirement FERS:		20. Military Deposit PAID: OWED:	
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY		Current Year to Date		22. TSP DATA			
CURRENT EARNINGS							
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	
REGULAR PAY							
DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	
FGLI	CO			MEDICARE			
OASDI				ORG/UNION	VIHA		
RETIRE, FERS	KF			TAX PNT, VOL			
TAX, FEDERAL				TSP SAVINGS			
DENTAL				VISION			
LEAVE							
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	
ANNUAL						CURRENT BALANCE	
SICK						USE-LOSE/ TERM DATE	
BENEFITS PAID BY GOVERNMENT FOR YOU							
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE		
FGLI			MEDICARE				
OASDI			RETIRE, FERS				
TSP BASIC			TSP MATCHING				
REMARKS							
YOUR PAYROLL OFFICE ID NUMBER IS [REDACTED] - DEPARTMENT OF VETERANS AFFAIRS. YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT TAKE THIS ACTION, CONTACT 1-888-332-7411 OR (216) 522-5096. THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY							

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 02-26-2015
Response Date: 02-26-2015
Tracking Number: [REDACTED]

Wage and Income Transcript

SSN Provided: [REDACTED]
Tax Period Requested: December, 2013

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): [REDACTED]
[REDACTED]

Employee:
Employee's Social Security Number: [REDACTED]
MILTON I MARSHALL
N LAS VEGAS, NV [REDACTED]

Submission Type:.....Original document

Wages, Tips and Other Compensation:..... [REDACTED]

Federal Income Tax Withheld:..... [REDACTED]

Social Security Wages:..... [REDACTED]

Social Security Tax Withheld:..... [REDACTED]

Medicare Wages and Tips:..... [REDACTED]

Medicare Tax Withheld:..... [REDACTED]

Social Security Tips:..... [REDACTED]

Allocated Tips:..... [REDACTED]

Dependent Care Benefits:..... [REDACTED]

Deferred Compensation:..... [REDACTED]

Code "Q" Nontaxable Combat Pay:..... [REDACTED]

Code "W" Employer Contributions to a Health Savings Account:..... [REDACTED]

Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:..... [REDACTED]

Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:..... [REDACTED]

Code "R" Employer's Contribution to MSA:..... [REDACTED]

Code "S" Employer's Contribution to Simple Account:..... [REDACTED]

Code "T" Expenses Incurred for Qualified Adoptions:..... [REDACTED]

Code "V" Income from exercise of non-statutory stock options:..... [REDACTED]

Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.... [REDACTED]

Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.... [REDACTED]

Code "DD" Cost of Employer-Sponsored Health Coverage:..... [REDACTED]

Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:..... [REDACTED]

Third Party Sick Pay Indicator:..... [REDACTED]

Retirement Plan Indicator:..... [REDACTED]

Statutory Employee:..... [REDACTED]

Form 1099-G

Payer:
Payer's Federal Identification Number (FIN): [REDACTED]
[REDACTED]
SACRAMENTO, CA 95814-4807

Tracking Number: [REDACTED]

Recipient:
Recipient's Identification Number: [REDACTED]
MARSHALL MILTON L
[REDACTED]
N LAS VEGAS, NV [REDACTED]

Submission Type:.....Original document
Account Number (Optional):.....
ATAA Payments:.....
Tax Withheld:.....
Taxable Grants:.....
Unemployment Compensation:.....
Agricultural Subsidies:.....
Prior Year Refund:.....
Market gain on Commodity Credit Corporation loans repaid on or after January 1, 2007:.....
Year of Refund:.....
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

Form 1099-INT

Payer:
Payer's Federal Identification Number (FIN): [REDACTED]
[REDACTED]
P O [REDACTED]
SAN ANTONIO, TX 78265-0000

Recipient:
Recipient's Identification Number [REDACTED]
MILTON L MARSHALL
[REDACTED]
LAS VEGAS, NV [REDACTED]

Submission Type:.....Original document
Account Number (Optional):.....
Interest:.....
Tax Withheld:.....
Savings Bonds:.....
Investment Expense:.....
Interest Forfeiture:.....
Foreign Tax Paid:.....
Tax-Exempt Interest:.....
Specified Private Activity Bond Interest:.....
Second Notice Indicator:.....
Foreign Country or US Possession:.....
CUSIP Number:.....

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN): [REDACTED]
[REDACTED]
PO BOX [REDACTED]
NORTH LAS VEGAS, NV 89033-0000

Recipient:
Recipient's Identification Number [REDACTED]
MARSHALL MILTON
[REDACTED]
LAS VEGAS, NV [REDACTED]

Submission Type:.....Original document
Account Number (Optional):.....
Tax Withheld:.....
Non-Employee Compensation:.....
Medical Payments:.....