



STUDENT LOAN ADVOCACY

COLLEGE LENDING ASSISTANCE & STUDENT SERVICES

Student Loan Advocacy and _____ (“client”) hereby agree that Class Financial will provide the client as set forth below.

CONDITIONS: This agreement will not take effect, and Student Loan Advocacy will have no obligation to provide advocate services, until “client” returns a signed copy of this agreement, and provides Student Loan Advocacy with requested documentation and payment.

PERFORMANCE OF SERVICES- Upon receipt of all information from Client, Company shall promptly review the information provided by the client, and complete the application forms required by the Department Of Education Programs that have been selected by the client. Company shall prepare for filing the application to initiate a federal student loan consolidation through the DOE (department of education). Any private loans would not be eligible for the federal programs. All completed applications can be delivered by Company to Client for Clients Signature, approval, and submission.

SCOPE OF SERVICES: Client hires Student Loan Advocacy to provide advocate services in the following matter; research and develop a strategy, assisting the client in filing forms to the Department Of Education. We will settle with the Department of Education and will assist the consumer with responses from them and/or any agencies involved in their case.

Client hires Student Loan Advocacy to provide advocate services in the following matter:

- **Research:** Analyze current loan and its history with the provider. Conduct a phone interview with the borrower. Review information provided by the client. Analyze all available data and develop a strategic angle for campaign.
- **Follow Up:** We will assist the consumer with responses from the Department of Education or other agencies involved. We will assist and direct the consumer with any letters that need to be composed as well as consultation regarding written or telephone contact they may have with collection agencies and the Department Of Education.

SERVICE FEE: We will put our best effort forward to assist the client during the process. Client acknowledges they are paying the Student Loan Advocacy for a new student loan monthly payment amount. Client acknowledges that they are contracting Student Loan Advocacy to represent here said Client through the Advocacy Program. Student Loan Advocacy will act as a

consumer advocate under here said contract.

CANCELLATION: You may cancel this agreement, for any reason, without penalty or obligation, by notifying Student Loan Advocacy in writing, within 7 days from the date you signed this agreement. If you cancel within the required time frame, Class Financial will return any payment made by you under this agreement.

THE PARTIES HAVE READ AND UNDERSTAND THE FOREGOING AND AGREE TO ALL OF THE TERMS OF THIS AGREEMENT ABOVE. IF MORE THAN ONE CLIENT SIGNS BELOW, EACH CLIENT AGREES TO BE LIABLE, JOINTLY, FOR ALL OBLIGATIONS UNDER THAT AGREEMENT. CLIENT SHALL RECEIVE A FULLY EXECUTED DUPLICATE OF THIS AGREEMENT.

Privacy Policy

We are committed to provide the highest level of security and privacy regarding the collection and use of your personal information. Personal information may be collected from your account application, any updated information you may provide us from time to time and the banking transactions processed through your account. A description of our privacy policy is provided below.

USE OF PERSONAL INFORMATION: Our collection of your personal information is designed to protect access to your accounts and to assist us in providing you with the product and services you want or need. All personal information collected and stored by us, or on our behalf, is used for specific business purposes to protect and administer your account and transactions, to comply with state and federal regulations, and to help us better understand your needs in order to design or improve our products or services. The personal information we collect about you comes from the following sources: Information we receive from you, such as your name, address, telephone number, etc., we may collect information related to your debt. We may have to pull credit reports in the near future.

LIMITED ACCESS TO PERSONAL INFO: We limit access to your personal information to only those personnel with a beneficial reason, we understand the importance of protecting customer privacy.

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 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.
- Information we receive from consumers 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, credit worthiness, annual income, or ability to satisfy your obligations.

MAINTENANCE OF ACCURATE INFORMATION: It is vital to both our success and the success of the client to provide us with accurate and up to date records concerning your personal information.

THIRD PARTY DISCLOSURE: We follow strict privacy procedures in regard to protecting your personal information. In Addition, we require all third parties with a business to access this information to adhere to similar and equally stringent privacy policies. Personal information may be supplied to a third party in order to process a transaction you have authorized or if the disclosure is required or allowed by law. 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.

VOICE COMMUNICATION CONSENT: Client consents to do business electronically with company. Client understands that electronic transactions, not limited to emails, are inherently insecure and that both client and company will take all reasonable steps to maintain the privacy of the information shared between parties. Client consents to receive information and other documents relating to this agreement and company services via electronic mail, text messages, facsimile, voicemail, and any other common electronic means. Client understands that all costs associated with the receipt, review and use of such electronic communications shall be those of client, such as maintaining access to the internet or paying for text messages. Client consents to receive updates and documents relating to this agreement and the services.

Company Provides document preparation services to assist consumers who are applying for federal student loan programs using the department of Education Forms. Private student loan do no qualify for federal programs and will not be included in any work to be completed by Company. Student Loan Advocacy is a private company, not affiliated with the government, and for a fee will assist in assembly of federal student loan consolidation and application documents for federal student loan debt assistance program.

Client Signature

Date

Limited Power of Attorney

I, _____(Principal) of _____(city),
_____(State), hereby make, constitute and appoint
_____(attorney-in-fact) of _____(city),
_____(State), as my attorney-in-fact to act on my behalf for the purpose(s) of:

(a) Negotiating with the Department of Education to, but not limited to: modify, refinance, consolidate, or forgive my student loan(s) there held.

The power of attorney starts to be effective on _____, and shall continue until _____.

I grant my attorney-in-fact authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my attorney-in-fact in exercising those powers.

I agree that the attorney-in-fact will receive compensation for the completion of their act, at or before the termination of the power of attorney in effect.

I agree that any third party who is given a copy of this power of attorney may act relying on it.

Signed this _____ day of _____, _____ in the state of _____

Principal Signature



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CLIENT AGREEMENT

Client Information

Full Name _____

Street Address: _____

City _____ State _____ Zip _____

Phone Number _____

E-mail _____

Social Security # _____

Pin # _____ Date of Birth _____

Driver's License # _____

Driver License State _____ Maiden Name _____

References

(1) Full Name _____

Street Address _____

City _____

State _____ Zip Code _____

Phone Number _____

Relationship: _____

(2) Full Name _____

Street Address: _____

City _____

State _____ Zip Code _____

Phone Number _____

Relationship _____

Additional Information

Employer _____

Employer Phone Number _____

How often do you get paid? _____

Adjusted Gross Income _____

Are you using income form last year or current year? _____

Spouse Information (If filed jointly)

Spouse Name _____

Spouse SS # _____

Date Of Birth _____

Employer _____

Employer Phone Number _____

Adjusted Gross Income _____

Student Loan Debt _____

Student Loan Information

Amount of Federal Student Loans _____

Total # of Loans _____

Selected Repayment Plan _____

CLIENT AGREES TO PAY *STUDENT LOAN ADVOCACY* A FIXED SERVICE FEE OF \$599

** Fee is earned for filing of the Client's student loan information with the DOE. The student loan will ultimately be re-structured by the Department of Education, or a private creditor. If one of these entities does not agree to change the terms of our clients loan, then Student Loan Advocacy will reimburse 100% of the Client's paid fees.

Student Loan Advocacy Refund Addendum

This addendum to the contract between (client) _____, and the Student Loan Advocacy Company dated on _____ is to guarantee that the client will receive a full refund of amount client paid. If the client does not get approved for one of the government assistance programs, or if the loan is denied for a deferment, forbearance, or consolidation, the client will receive a fully payed refund. You may cancel this agreement, for any reason, without penalty or obligation, by notifying Student Loan Advocacy, in writing, within 7 days from the date you signed this agreement. If you cancel within the required time frame, Student Loan Advocacy will return any payment made by you under this agreement.

Full Name _____

Signature _____

Date _____



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FEE AND SERVICE SCHEDULE

The purpose of this fee schedule is to ensure that Client is aware of the consents to the fees of that Company will charge for its services in assisting Client in preparing documents for one or more of the below programs. If other programs are identified by client or Company to be suitable for Client, then additional fees may apply and will be presented to Client in writing for Approval. Fees are charged consistent with terms of Client Agreement. Fees here are only company fees and do not include any third party fees such as bank or dedicated account processing fees.

Program Services Fee: I client, Hereby authorize Student Loan Advocacy to charge my credit card or debit card the Service Fee for services rendered is _____ which shall be paid in one lump some or in payments per the schedule below.

Payment due date: _____ Down Payment: _____

Payment Length: _____ Payment due date _____

ACKNOWLEDGEMENT

As indicated by my signature below, I acknowledge that I have read, understand and agree to the terms and conditions of the Fees and Service Schedule.

Client Signature: _____

CREDIT CARD AUTHORIZATION

I, _____, the Client hereby authorize Student Loan Advocacy to charge my credit card the fees pursuant to my agreement. The service fee of \$_____ US dollars will be automatically processed as either a one time charge or as a program fee installments as indicated in the Fee and Service schedule.

Type of card: _____

CC Number: _____ Expiration date: _____ Security Code: _____

Name on card:

Billing Address: _____

Signature of credit card holder:

_____ Date: _____



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