



Keeping Capital

Keeping Capital
1962 Main Street Suite 420, Sarasota FL 34236
(855) 934- 1668 Fax: (941) 451-2062
www.keepingcapital.com

Keeping Capital is pleased to welcome you to the program in which you have elected to enroll. Congratulations on taking the first step in rehabilitating your Federal Student Loans, and thank you for choosing Manage Keeping Capital to assist you! We look forward to working with you and the servicer to determine suitable repayment option for a more manageable repayment term and payment.

Although you can complete rehabilitation on your own, we are pleased that you have chosen to utilize KC's document preparation expertise to assist you with identifying any and all available alternative repayment plans.

Manage My Net Worth is committed to our client's success, and always places our client's needs first. KC utilizes an FDIC insured third-party provider Reliant Account Manager (RAM) to securitize our clients' funds while in the program.

Below is the document preparation agreement you will need to complete in order to start the process. It is imperative that you review the forms to ensure all information contained herein is complete, accurate, and true to the best of your knowledge as the information herein will be reviewed by our underwriting department prior to submitting any prepared documentation on your behalf.

Should you have any questions or concerns, please do not hesitate to contact us at (855) 953-1668.

We look forward to simplifying your student loan debt, as well as working with you throughout the process!

Sincerely,

Keeping Capital Support Staff

Client Initial _____

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This Document Preparation Service Agreement is entered into on the date shown below between Keeping Capital, LLC (KC) and client (CLIENT) listed below.

KC provides CLIENT document preparation services for CLIENT requesting assistance with a Rehabilitation Program for CLIENT defaulted Federal Student Loan(s). KC expressly represents and warrants that it does not service or provide credit repair, debt consolidation, attorney representation, or tax advice.

CLIENT requests and agrees for KC to perform, in due diligence, the following services (SERVICE) outlined below:

1. Evaluate CLIENT financial situation and qualifications
2. Determine and disclose rehabilitation eligibility or alternative repayment plans available to CLIENT through the DOE
3. Prepare the necessary documentation to submit and process rehabilitation

KC and CLIENT both warrant and express that the parties in this AGREEMENT hereby agree to the following:

1. **Disclose Complete and Truthful Information**

- a. The available programs disclosed by KC are based upon information provided to KC by CLIENT. CLIENT expressly represents and warrants that all information provided to KC is deemed to be complete, accurate, and true to the best of CLIENT knowledge and belief. CLIENT further acknowledges and understands the services being offered by KC are document preparation and CLIENT has been made aware that all quotes

well as calculations and estimates duplicated from publicly available information.

2. Performance of Services

- a. KC will request supporting documentation in order to complete document preparation for CLIENT Federal Student Loan Rehabilitation Program. Upon receipt of requested documentation by KC from CLIENT, KC shall promptly analyze CLIENT financial situation and perform due diligence. KC will determine in its sole discretion what if anything is necessary, reasonable, and advisable in the performance of SERVICE to CLIENT.
- b. Upon completion of CLIENT financial situation and due diligence, KC shall initiate the rehabilitation negotiation on the CLIENT behalf. Upon approval of CLIENT rehabilitation repayment plan through the DOE or Third Party Servicer and one (1) payment has been made, KC SERVICE to CLIENT shall be deemed completed.

Client Initial

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3. GUARANTEE

- a. CLIENT will be approved for the Rehabilitation Plan based on the honest information provided to KC by CLIENT.
- b. In the unlikely event CLIENT is not approved for a Rehabilitation Plan or alternative repayment through the DOE or Third Party Servicer, KC will reimburse CLIENT 100% of Fees paid for SERVICE under the following circumstances:
- c. KC deems all supporting documentation requested from CLIENT by KC to be complete, accurate, and true according to the information provided to KC by CLIENT during the initial consultation based on an internal KC audit.
- d. All supporting documentation requested by KC from CLIENT was provided by CLIENT to KC within 21 business days from the original request.
- e. A minimum of 120 days have elapsed from the date KC received all requested supporting documentation from CLIENT, and KC was unable to approve CLIENT Rehabilitation Plan or alternative repayment plan through the DOE on CLIENT behalf.

4. Verification of Information

CLIENT has provided the following personal information to KC and deems the following information listed below to be honest, accurate and true:

First Name: Audrey Last Name: Monhollen
Address: 300 Oak Cliff Drive City: Oneida State: TN Zip: 38741
DOB: 08/04/1976 SSN: 417-27-2164 Home Phone: 423-539-4664 Cell Phone: 423-539-4664
Driver's License Number: 119328781 State Issued: TN Email: forgetmail76@gmail.com
Employer: unemployed Job Title: _____
Annual Gross Income: \$0
Spouse Name: _____ Spouse SSN: _____ Spouse Income: \$0

5. Fees for Service

- a. CLIENT agrees to the following Document Preparation Fee for approval of a Rehabilitation Plan or alternative repayment plan through the DOE in the amount of \$853.00. The fee will be payable in one payment, or in 8 equal payments that total \$853.00. The fee shall be paid by using Reliant Account Management, LLC, (RAM), a third-party processor not affiliated with KC, in accordance with the terms and conditions set forth in the Account Servicing Agreement attached hereto.

Client Initial

- b. By completing and signing the Account Servicing Agreement, Client authorizes RAM to deduct all fees due to RAM or due under this Agreement from the financial institution listed therein, and pay KC its fees due under this Agreement as earned by KC.
- c. CLIENT acknowledges that all Fees for Service paid to KC are for the preparation of documentation for the submission of a Federal Student Loan Consolidation through the DOE.
- d. No Fees paid for service are sent to the DOE, and only paid to KC for service provided. Services are deemed rendered and the fee is earned in two phases throughout the Rehabilitation process as outlined below, each phase equates to fifty (50) percent of the service and fee:
 - I. Phase 1: KC has successfully renegotiated a Rehabilitation Plan by submitting the necessary information and documentation and/or negotiated a revised Rehabilitation repayment plan verbally and terms and monthly payments have been accepted by CLIENT.
 - II. Phase 2: CLIENT has completed at least one (1) payment to its servicer under the new Rehabilitation Plan.

Scheduled Drafts and Dates:

Payment Schedule:

1	Aug 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
2	Sep 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
3	Oct 05, 2020	\$106.63	\$50.00	\$0.00	\$156.63
4	Nov 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
5	Dec 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
6	Jan 04, 2021	\$106.63	\$50.00	\$0.00	\$156.63
7	Feb 03, 2021	\$106.63	\$50.00	\$0.00	\$156.63
8	Mar 03, 2021	\$106.59	\$50.00	\$0.00	\$156.59

6. Process

a. Upon gathering the supporting documentation requested by KC from CLIENT, KC will begin the document preparation on CLIENT behalf to submit CLIENT into a Rehabilitation Plan or alternative repayment plan to the DOE for approval.

b. CLIENT is advised that Rehabilitation Plan or alternative repayment plan Applications processed by KC are dependent upon the CLIENT promptly providing requested supporting documentation to KC and CLIENT Lender(s) for prompt service, and KC shall not be held liable by CLIENT for delayed completion.

Client Initial A f n

on CLIENT behalf to the DOE until all requested supporting information and/or documentation has been provided to KC by CLIENT, and CLIENT'S failure to provide information and/or documentation in a timely manner may affect the application process.

7. Company Affiliation

- a. CLIENT acknowledges that CLIENT has been advised that KC is a private company, and not an agent of the Federal Government or the DOE.
- b. CLIENT understands that a Federal Student Loan Consolidation can be completed through the DOE free of charge, however CLIENT has chosen to utilize KC to prepare the necessary documentation and complete the necessary steps for an approval of a Federal Student Loan Consolidation on my behalf, just as CLIENT would hire a tax preparer to prepare the necessary documents to file a Federal tax return.

8. Cancellation

- a. CLIENT may cancel this AGREEMENT, for any reason, without penalty or obligation, by notifying KC, in writing, within 3 business days from the date CLIENT signed and executed this AGREEMENT. Should CLIENT cancel within the specified required timeframe, KC, or its representatives, will return any payment made by CLIENT under this AGREEMENT.

9. Non-Payment

- b. In the event CLIENT fails to make the fee deposit to RAM outlined under this AGREEMENT within five (5) business days of the agreed upon scheduled fee payment dates, KC will cease all work until the terms of the AGREEMENT are satisfied by CLIENT.
- c. CLIENT is hereby advised and acknowledges that such event may have a negative impact on the effectiveness of SERVICE performed herein by KC, and CLIENT will not hold KC liable for any negative or undesirable impact resulting from CLIENT non-payment under this AGREEMENT.

10. Indemnification

- a. CLIENT hereby agrees to defend and hold harmless KC or any of its third party providers from and against any claims of liability of any nature whatsoever arising out of or in connection with CLIENT breach, in whole or in part, of the representation and warranties contained herein.

Client Initial _____

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- b. KC or any of its third party providers makes no warranty, expressly or implied, regarding any recommendation KC may make to CLIENT arising out of this AGREEMENT. Except for cause, CLIENT unconditionally waives the right of action against KC, its officers, directors, employees, agents, brokers and assignees, at law, equity and other cause of action for any reason, directly or indirectly, arising out of this agreement.

11. Do Not Call Registry Disclaimer & Compliance

- a. By submitting personal contact and/or financial information through KC the CLIENT hereby grants written permission to KC and its business partners to contact via any telephone number provided (specifically even if it is a cell phone or forwarded to a cell phone) by text, mail, and/or e-mail.
- b. As the CLIENT, you are consenting to be contacted via auto dialer regardless of any prior no-call preferences. By signing this AGREEMENT you are consenting to receive phone calls, text/SMS, emails from KC, and its business partners for contact and thereby waive your right to file a claim with the FTC or any other agency in reference to these calls or contacts.
- b. As the CLIENT, you are consenting to be contacted via auto dialer regardless of any prior no-call preferences. By signing this AGREEMENT you are consenting to receive phone calls, text/SMS, emails from KC, and its business partners for contact and thereby waive your right to file a claim with the FTC or any other agency in reference to these calls or contacts.

12. Short Message Service "SMS" Electronic Mail Disclaimer

- a. By signing this AGREEMENT, you acknowledge that KC and/or any of its third party providers may send you text messages, and/or emails. Standard Text Message (SMS) and data rates may apply. In addition to any entry, submission, subscription or other fee of which you are notified, your carrier's Messaging and Data Rates May Apply to your entry or submission message, our confirmation and all subsequent SMS correspondence.
- b. We will not be liable for any delays in the receipt of any SMS messages as delivery is subject to effective transmission from your network operator. SMS message services are provided on an as is basis. Data obtained from you in connection with this SMS service may include your cell phone number, your carrier's name, and the date, time and content of your messages. We may use this information to contact you and to provide the services you request from us.

13. Entire Agreement

This AGREEMENT shall serve as the final agreement between the parties, and all previous understandings, representations, statements, undertakings and agreements, written or oral, are hereby canceled, withdrawn, and/or have merged into this AGREEMENT.

Client Initial _____

14. Amendments

This AGREEMENT may not be superseded or amended except by an agreement in writing, signed by both

15. Disputes

- a. CLIENT hereby agrees that any dispute arising between or among the parties shall be heard before a certified mediator with venue exclusively located in Sarasota County, Florida. Mediation may be attended telephonically or in person.
- b. In the event there is no resolution through mediation, any claim or dispute shall be submitted to arbitration with venue in Sarasota County, Florida and conducted in accordance with the commercial rules of the American Arbitration Association. Judgment upon any award may be entered into any court having jurisdiction.
- c. This AGREEMENT shall be governed by and interpreted in accordance with the Laws of the State of Florida. However, in the event of any litigation, venue shall be exclusively in Sarasota County, Florida, without reference to the rules of conflicts of laws there under, irrespective of the place of residence, domicile, or business of the parties hereto.

16. Information Authorization

I hereby authorize KC to verify my past and present employment earning records, bank accounts, stock holdings, and any other asset balances needed to process my Rehabilitation Plan or alternative repayment plan through the DOE for approval. I further authorize KC to order a consumer credit report and verify other credit information, including past and present landlord and mortgage references. It is understood that a copy of this AGREEMENT will also serve as authorization. The information KC obtains is only to be used in the processing of my Application for a Rehabilitation Plan or alternative repayment plan.

17. Legal Authorization Form

This form will serve to acknowledge that the below CLIENT has authorized Keeping Capital to act on CLIENT behalf to prepare the necessary documentation to submit a Rehabilitation Plan or alternative repayment plan application in accordance with the DOE for approval. Should CLIENT have questions regarding SERVICE, CLIENT will need to contact the Enrollment Specialist at (855) 953-1668.

Client Initial _____

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18. Voluntary Execution

The parties to this AGREEMENT hereby acknowledge they have read this entire AGREEMENT, understand the terms and legal effects defined herein, and have voluntarily executed this AGREEMENT. BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE NOT BEEN ADVISED BY KC, ANY OF ITS AGENTS, AND/OR AFFILIATES TO FOREGO A STUDENT LOAN PAYMENT IN EXCHANGE FOR THE GOOD FAITH PAYMENT AND DOCUMENT PREPARATION SERVICE. DURING THIS PROCESS, CLIENT UNDERSTANDS THAT CLIENT IS RESPONSIBLE FOR MAKING ANY PAYMENTS DUE TO CLIENT LENDERS, UNLESS CLIENT IS APPROVED FOR FORBEARANCE. I, THE CONSUMER, HAVE BEEN EXPLAINED THE PROGRAM IN FULL AND TO MY SATISFACTION, AND UNDERSTAND THAT I, THE CONSUMER, CAN COMPLETE A REHABILITATION PLAN ON MY OWN, AND THAT I, THE CONSUMER, AM AWARE THAT I AM USING THE ADVICE AND EXPERTISE OF KC TO OBTAIN A REHABILITATION PLAN OR ALTERNATIVE REPAYMENT PLAN.

I AM FULLY AWARE THAT ANY AND ALL FEES PAID TO KC ARE FOR SERVICES PROVIDED BY KC IN ASSISTING ME IN APPLYING FOR A REHABILITATION PLAN OR ALTERNATIVE REPAYMENT PLAN. IF FOR ANY VALID REASON I AM NOT SATISFIED WITH THE SERVICE OR THE RESULTING PROGRAM, I WILL ABIDE BY THE CANCELLATION POLICY TERMS AND CONDITIONS WITHIN THIS AGREEMENT.

Executed on this (Date): 7/10/2020

Borrower Signature:	_____	DOB:	<u>08/04/1976</u>
Borrower Name:	<u>Audrey Monhollen</u>	SSN:	<u>417-27-2164</u>

Client Initial _____

Student Loan Data System Access Permission

As part of the federal student loan assistance application process, it will be necessary for Keeping Capital (hereinafter "Company") to access your student loan information within the Student Loan Data System located online at <http://www.nslds.ed.gov>. The Data System contains a complete list of your federal education loans, along with current estimated balances

By enrolling in the Company program, you are agreeing to allow Company and its authorized agents to access your profile and all the data contained within that profile. In order to allow this access, you may need to provide Company with your Personal Identification Number (PIN).

Please note that all information that Company obtains from the Student Loan Data System will be used expressly for the purposes of confirming information and assisting in the preparation of applications.

Acknowledgment

I, Audrey Monhollen, hereby acknowledge that I have read, understood, and agree to the above statements regarding access to my Data System profile. I understand that any information received or accessed will be used solely for the purposes as stated above.

By signing this acknowledgment, I agree to allow Company to access the Student Loan Data System and my personal profile as explained above.

Client Signature: _____ Sign Date: _____

Client Initial _____

AND/OR AFFILIATES TO FOREGO A STUDENT LOAN PAYMENT IN EXCHANGE FOR THE GOOD FAITH PAYMENT AND DOCUMENT PREPARATION SERVICE. DURING THIS PROCESS, CLIENT UNDERSTANDS THAT CLIENT IS RESPONSIBLE FOR MAKING ANY PAYMENTS DUE TO CLIENT LENDERS, UNLESS CLIENT IS APPROVED FOR FORBEARANCE.

I, THE CONSUMER, HAVE BEEN EXPLAINED THE PROGRAM IN FULL AND TO MY SATISFACTION, AND UNDERSTAND THAT I, THE CONSUMER, CAN COMPLETE A REHABILITATION PLAN ON MY OWN, AND THAT I, THE CONSUMER, AM AWARE THAT I AM USING THE ADVICE AND EXPERTISE OF KC TO OBTAIN A REHABILITATION PLAN OR ALTERNATIVE REPAYMENT PLAN.

I AM FULLY AWARE THAT ANY AND ALL FEES PAID TO KC ARE FOR SERVICES PROVIDED BY KC IN ASSISTING ME IN APPLYING FOR A REHABILITATION PLAN OR ALTERNATIVE REPAYMENT PLAN. IF FOR ANY VALID REASON I AM NOT SATISFIED WITH THE SERVICE OR THE RESULTING PROGRAM, I WILL ABIDE BY THE CANCELLATION POLICY TERMS AND CONDITIONS WITHIN THIS AGREEMENT.

Executed on this (Date): 7/10/2020

Borrower Signature: _____ DOB: 08/04/1976

Borrower Name: Audrey Monhollen SSN: 417-27-2164

Client Initial _____

Student Loan Data System Access Permission

As part of the federal student loan assistance application process, it will be necessary for Keeping Capital (hereinafter "Company") to access your student loan information within the Student Loan Data System located online at <http://www.nslds.ed.gov>.

The Data System contains a complete list of your federal education loans, along with current estimated balances and servicer details — information that is required to complete your application(s).

By enrolling in the Company program, you are agreeing to allow Company and its authorized agents to access your profile and all the data contained within that profile. In order to allow this access, you may need to provide Company with your Personal Identification Number (PIN).

Please note that all information that Company obtains from the Student Loan Data System will be used expressly for the purposes of confirming information and assisting in the preparation of applications.

Acknowledgment

I, Audrey Monhollen, hereby acknowledge that I have read, understood, and agree to the above statements regarding access to my Data System profile. I understand that any information received or accessed will be used solely for the purposes as stated above.

By signing this acknowledgment, I agree to allow Company to access the Student Loan Data System and my personal profile as explained above.

Client Signature: _____ Sign Date: _____

Client Initial _____



Keeping Capital

1962 Main Street Suite 420, Sarasota FL 34236

(855) 934- 1668 Fax: (941) 451-2062

www.keepingcapital.com

Keeping Capital is pleased to welcome you to the program in which you have elected to enroll.

Congratulations on taking the first step in consolidating your Federal Student Loans and thank you for choosing Keeping Capital (KC) to assist you with your Federal Student Loan Consolidation through the Department of Education!

We look forward to working with you and the Department of Education to determine suitable repayment programs recently introduced by the Federal Government that will assist you with obtaining more manageable repayment terms, and potentially qualify you to have your student loan debt forgiven.

Although you can complete a consolidation on your own, we are pleased that you have chosen to utilize KC's document preparation expertise to assist you with identifying all available alternative repayment plans and forgiveness programs available to your specific situation.

KC is committed to our clients' success, and always places our clients' needs first. KC utilizes third-party providers to securitize our clients' funds while in the program.

Below is the document preparation agreement you will need to complete in order to start the process. It is imperative that you review the forms to ensure all information contained herein is complete, accurate, and true to the best of your knowledge as the information herein will be reviewed by our underwriting department prior to submitting any prepared documentation on your behalf.

Should you have any questions or concerns, please do not hesitate to contact our independent compliance department at (855) 934-1668.

We look forward to simplifying your student loan debt, as well as working with you throughout the process.

Sincerely,

Keeping Capital Support Staff

Client Initial _____

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This Document Preparation Service Agreement is entered into on the date shown below between Keeping Capital (KC) and client (CLIENT) listed below.

Keeping Capital provides CLIENT document preparation services for CLIENT requesting assistance with approval for a Federal Student Loan Consolidation or an alternative repayment plan through the Department of Education (DOE). Keeping Capital LLC expressly represents and warrants that it does not service or provide credit repair, debt consolidation, attorney representation, or tax advice.

CLIENT requests and agrees for KC to perform, in due diligence, the following services (SERVICE) outlined below:

1. Evaluate CLIENT financial situation and qualifications.
2. Determine and disclose Federal Student Loan Consolidation programs or alternative repayment plans available to CLIENT through the DOE for CLIENT eligible Federal Student Loan(s) through a consultation and quote provided to CLIENT by KC or any of its affiliates.
3. After determining and disclosing Federal Student Loan Consolidation programs or alternative repayment plans available to CLIENT through the DOE for CLIENT eligible Federal Student Loan(s), KC's third party processing department will prepare the necessary documentation to submit and process a Federal Student Loan Consolidation or alternative repayment plan for approval through the DOE on CLIENT behalf in accordance with the program determined and disclosed to CLIENT based on honest and accurate information provided to

KC and CLIENT both warrant and express that the parties in this AGREEMENT hereby agree to the following:

1. Disclose Complete and Truthful Information

KC has performed a counseling session and has determined and disclosed to CLIENT available programs for Federal Student Loan Consolidation or alternative repayment plans through the DOE. The available programs disclosed by KC are based upon information provided to KC by CLIENT. CLIENT expressly represents and warrants that all information provided to KC is deemed to be complete, accurate, and true to the best of CLIENT knowledge and belief. CLIENT further acknowledges and understands the services being offered by KC are document preparation and CLIENT has been made aware that all quotes are only estimates and not a guarantee. All quotes are based on the information CLIENT has provided as well as calculations and estimates duplicated from publicly available information.

2. Performance of Services

KC will request supporting documentation in order to complete document preparation for CLIENT Federal Student Loan Consolidation or alternative repayment plan through the DOE. Upon receipt of requested documentation by KC from client, KC shall promptly analyze CLIENT financial situation and perform due diligence. KC will determine in its sole discretion what if anything is necessary, reasonable, and advisable in the performance of SERVICE to CLIENT. Upon completion of CLIENT financial situation and due diligence, KC shall submit an application for approval of a Federal Student Loan Consolidation or alternative repayment plan through the DOE on CLIENT behalf. Upon submission of CLIENT Federal Student Loan Consolidation or alternative repayment plan through the DOE, KC SERVICE to CLIENT shall be deemed completed.

Client Initial

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3. GUARANTEE

CLIENT will be approved for the quoted Federal Student Loan Consolidation or alternative repayment plan through the DOE based on the honest information provided to KC by CLIENT. In the unlikely event CLIENT is not approved for a Federal Student Loan Consolidation or alternative repayment through the DOE, KC will reimburse CLIENT 100% of fees paid for SERVICE under the following circumstances:

- A. KC deems all supporting documentation requested from CLIENT by KC to be complete, accurate, and true according to the information provided to KC by CLIENT during the initial consultation based on an internal KC audit.
- B. All supporting documentation requested by KC from CLIENT was provided by CLIENT to KC within 21 business days from the original request. A minimum of 120 days have elapsed from the date KC received all requested supporting documentation from CLIENT, and KC was unable to approve CLIENT Federal Student Loan Consolidation or alternative repayment plan through the DOE on CLIENT behalf.

4. Verification of Information

CLIENT has provided the following personal information to KC and deems the following information listed below to be honest, accurate and true.

First Name: Audrey Last Name: Monhollen
Address: 300 Oak Cliff Drive City: Oneida State: TN Zip: 38741
DOB: 08/04/1976 SSN: 417-27-2164 Home Phone: 423-539-4664 Cell Phone: 423-539-4664
Driver's License Number: 119328781 State Issued: TN Email: forgetmail76@gmail.com
Employer: unemployed Job Title: _____
Annual Gross Income: \$0
Spouse Name: _____ Spouse SSN: _____ Spouse Income: \$0

5. Fees for Service

CLIENT agrees to the following Document Preparation Fee for approval of a Federal Student Loan Consolidation or alternative repayment plan through the DOE in the amount of \$853.00 the fee will be payable in one payment, or in 8 equal payments that total \$853.00. The fee shall be paid by using a third-party processor not affiliated with KC, in accordance with the terms and conditions set forth in the Account Servicing Agreement attached hereto. By completing and signing the Account Servicing Agreement, CLIENT authorizes the provider to deduct all fees due to provider or due under this Agreement from the financial institution listed therein, and pay KC its fees due under this Agreement as earned by KC. CLIENT acknowledges that all fees for service paid to KC are for the preparation of documentation for the submission of a Federal Student Loan Consolidation through the DOE. No fees paid for service are sent to the DOE, and only paid to KC for service provided.

Services are deemed rendered and the fee earned in two phases throughout the consolidation process as outlined below, each phase equates to fifty (50) percent of the service and fee:

Client Initial Am

- I. Phase 1: KC has completed a consultation and gathered the necessary documentation for submission and/or has submitted a forbearance request to the DOE on behalf of CLIENT for one or more of CLIENT eligible Federal Student Loan(s).
- II. Phase 2: KC has prepared and submitted the necessary information and documentation for approval of a Federal Student Loan Consolidation or alternative repayment plan to the DOE.

Scheduled Drafts and Dates:

Payment Schedule:

#	Date	Enrollment Fee	Add-On	Second Add-On - Service Fee	Total Payment
1	Aug 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
2	Sep 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
3	Oct 05, 2020	\$106.63	\$50.00	\$0.00	\$156.63
4	Nov 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
5	Dec 03, 2020	\$106.63	\$50.00	\$0.00	\$156.63
6	Jan 04, 2021	\$106.63	\$50.00	\$0.00	\$156.63
7	Feb 03, 2021	\$106.63	\$50.00	\$0.00	\$156.63
8	Mar 03, 2021	\$106.59	\$50.00	\$0.00	\$156.59

6. Federal Student Loan Consolidation Terms

KC has provided a Federal Student Loan Consolidation or alternative repayment plan quote based on information deemed to be honest, accurate, and true provided to KC by CLIENT. Based on the information provided by CLIENT, KC has determined and disclosed available program options to CLIENT through a consultation and quote, and CLIENT has agreed to the following Federal Student Loan Consolidation or alternative repayment plan terms through the DOE. CLIENT is enrolling into a Revised Pay As You Earn (REPAYE) program, consolidating 240 Federal Student Loans with a total loan balance of \$5,340.00 with a weighted average interest rate of \$4.2, an estimated repayment term of 240 months, with a monthly payment in the amount of \$0.00.

Client Initial AfN

7. Program and Term Disclosure

CLIENT acknowledges that KC cannot determine an exact term or payment for any Income Related Program(s) (IBR, ICR, PAYE repayment option) for its duration. Income Related Programs require the client to renew annually through the Department of Education or its new assigned servicer for qualification and terms and payments may adjust annually. The term presented is contingent on client's current income and an estimated average of a 5% income increase annually. Most Income Related Programs may be set at its maximum term and will be adjusted after its first annual renewal.

8. Forbearance

KC shall submit a forbearance request on behalf of CLIENT to the DOE after receiving the supporting documentation requested by KC from CLIENT and at least one (1) deposit has successfully been collected from CLIENT by the third party provider. If the forbearance request submitted to the DOE on CLIENT behalf by KC is accepted, CLIENT will not be required to continue making payments to CLIENT Student Loan Creditors during the consolidation process; however, interest will continue to accrue. CLIENT will need to continue making all payments due to CLIENT Student Loan Creditors at all times unless a forbearance request is accepted by CLIENT Student Loan Creditors.


9. Process

Upon gathering the supporting documentation requested by KC from CLIENT, KC will begin the document preparation on CLIENT behalf to submit CLIENT Federal Student Loan Consolidation or alternative repayment plan to the DOE for approval. CLIENT is advised that Federal Student Loan Consolidation or alternative repayment plan applications processed by KC are dependent upon the CLIENT promptly providing requested supporting documentation to KC and CLIENT Lender(s) for prompt service, and KC shall not be held liable by CLIENT for delayed completion. CLIENT understands that KC CANNOT begin the document preparation process or submit any application on CLIENT behalf to the DOE until all requested supporting information and/or documentation has been provided to KC by CLIENT. CLIENT'S failure to provide information and/or documentation in a timely manner may affect the application process.

10. Company Affiliation

CLIENT acknowledges that CLIENT has been advised that KC is a private company, and not an agent of the Federal Government or the Department of Education. CLIENT understands that a Federal Student Loan Consolidation can be completed through the DOE free of charge, however CLIENT has chosen to utilize KC to prepare the necessary documentation and complete the necessary steps for an approval of a Federal Student Loan Consolidation on CLIENT behalf, just as CLIENT would hire a tax preparer to prepare the necessary documents to file a Federal tax return. Initial below to acknowledge KC has explained that they have no affiliation with the DOE and serve only as document preparation.

Client Initial



11. Cancellation

CLIENT may cancel this AGREEMENT , for any reason, without penalty or obligation, by notifying KC, in writing, within 3 business days from the date CLIENT signed and executed this AGREEMENT . Should CLIENT cancel within the specified required time-frame, KC or its representatives will return any payment made by CLIENT under this AGREEMENT .

12. Non-Payment

In the event CLIENT fails to make the Fee deposit to the third party provider outlined under this AGREEMENT within five (5) business days of the agreed upon scheduled fee payment dates,KC will cease all work until the terms of the AGREEMENT are satisfied by CLIENT. CLIENT is hereby advised and acknowledges that such event may have a negative impact on the effectiveness of SERVICE performed herein by KC, and CLIENT will not hold KC liable for any negative or undesirable impact resulting from CLIENT non-payment under this AGREEMENT.

13. Indemnification

CLIENT hereby agrees to defend and hold harmless KC or any of its third party providers from and against any claims of liability of any nature whatsoever arising out of or in connection with CLIENT breach, in whole or in part, of the representation and warranties contained herein. KC or any of its third party providers makes no warranty, expressly or implied, regarding any recommendation KC may make to CLIENT arising out of this AGREEMENT. Except for cause, CLIENT unconditionally waives the right of action against KC, its officers, directors, employees, agents, brokers and assignees, at law, equity and other cause of action for any reason, directly or indirectly, arising out of this agreement.

14. Do Not Call Registry Disclaimer & Compliance

By submitting personal contact and/or financial information through KC the CLIENT hereby grants written permission to KC and its business partners to contact CLIENT via any telephone number provided (specifically even if it is a cell phone or forwarded to a cell phone) by text, mail, and/or e-mail. As the CLIENT, you are consenting to be contacted via auto dialer regardless of any prior no-call preferences. By signing this AGREEMENT, you are consenting to receive phone calls, text/SMS, emails from KC, and its business partners for contact and thereby waive your right to file a claim with the FTC or any other agency in reference to these calls or contacts.

Client Initial:

AFN

15. Short Message Service "SMS" Electronic Mail Disclaimer

By signing this AGREEMENT, you acknowledge that KC and/or any of its third party providers may send you text messages, and/or emails. Standard Text Message (SMS) and data rates may apply. In addition to any entry, submission, subscription or other fee of which you are notified, your carrier's messaging and Data Rates May Apply to your entry or submission message, our confirmation and all subsequent SMS correspondence. We will not be liable for any delays in the receipt of any SMS messages as delivery is subject to effective transmission from your network operator. SMS message services are provided on an as is basis. Data obtained from you in connection with this SMS service may include your cell phone number, your carrier's name, and the date, time and content of your messages. We may use this information to contact you and to provide the services you request from us.

16. Entire Agreement

This AGREEMENT shall serve as the final agreement between the parties, and all previous understandings, representations, statements, undertakings and agreements, written or oral, are hereby canceled, withdrawn, and/or have merged into this AGREEMENT.

17. Amendments

This AGREEMENT may not be superseded or amended except by an agreement in writing, signed by both parties hereto, after the date of this AGREEMENT.

18. Disputes

CLIENT hereby agrees that any dispute arising between or among the parties shall be heard before a certified mediator with venue exclusively located in Sarasota County, FL. Mediation may be attended telephonically or in person. In the event there is no resolution through mediation, any claim or dispute shall be submitted to arbitration with venue in Sarasota County, FL and conducted in accordance with the commercial rules of the American Arbitration Association. Judgment upon any award may be entered into any court having jurisdiction. This AGREEMENT shall be governed by and interpreted in accordance with the Laws of the State of Maryland. However, in the event of any litigation, venue shall be exclusively in Sarasota County, MD without reference to the rules of conflicts of laws there under, irrespective of the place of residence, domicile, or business of the Parties hereto.

Client Initial

AFN

19. Legal Authorization Form

This form will serve to acknowledge that the below CLIENT has authorized Keeping Capital (KC) to act on CLIENT behalf to prepare the necessary documentation to submit a Federal Student Loan Consolidation or alternative repayment plan application in accordance with the DOE for approval. CLIENT is hereby advised that upon approval of a Federal Student Loan Consolidation or alternative repayment plan, CLIENT will receive a thirty (30) day furlough before payments will start. Should CLIENT have questions regarding SERVICE, CLIENT will need to contact the independent affiliate processing department at (855) 934-1668.

20. National Student Loan Protection Program

As a client of Keeping Capital, your preparation program includes The National Student Loan Protection Program for which you are automatically enrolled. This is a privately provided program that is not sponsored or endorsed by any government agency and not required to obtain student loan relief from the US DOE. [Click Here](#) or copy and paste <https://platinummemberbenefits.com/keeping-capital-llc> for additional details and terms of the Program. A portion of your monthly payment helps to offset the \$29.95 cost for this benefit that begins in the first month of the overall loan consolidation program. Description of benefits will be emailed to you after the completion of your enrollment in the loan consolidation program. If you choose to waive this valuable protection program and all of the benefits available, you may cancel at any time by sending your written request to our office via certified mail, return receipt requested. Please send all requests for cancellation to:

**National Student Loan Protection Program
c/o Keeping Capital
1962 Main Street Suite 420
Sarasota, Florida, 34236**

Client Initial:

AM

21. Voluntary Execution

The parties to this AGREEMENT hereby acknowledge they have read this entire AGREEMENT, understand the terms and legal effects defined herein, and have voluntarily executed this AGREEMENT.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE NOT BEEN ADVISED BY KC, ANY OF ITS AGENTS, AND/OR AFFILIATES TO FOREGO A STUDENT LOAN PAYMENT IN EXCHANGE FOR THE GOOD FAITH PAYMENT AND DOCUMENT PREPARATION SERVICE. DURING THIS PROCESS, CLIENT UNDERSTANDS THAT CLIENT IS RESPONSIBLE FOR MAKING ANY PAYMENTS DUE TO CLIENT LENDERS, UNLESS CLIENT IS APPROVED FOR FORBEARANCE. I, THE CLIENT, HAVE BEEN EXPLAINED THE PROGRAM IN FULL AND TO MY SATISFACTION, AND UNDERSTAND THAT I, THE CONSUMER, CAN COMPLETE A CONSOLIDATION ON MY OWN, AND THAT I, THE CLIENT, AM AWARE THAT I AM USING THE ADVICE AND EXPERTISE OF KC TO OBTAIN A FEDERAL STUDENT LOAN CONSOLIDATION OR ALTERNATIVE REPAYMENT PLAN.

I AM FULLY AWARE THAT ANY AND ALL FEES PAID TO KC ARE FOR SERVICES PROVIDED BY KC IN ASSISTING ME IN APPLYING FOR A FEDERAL STUDENT LOAN CONSOLIDATION OR ALTERNATIVE REPAYMENT PLAN. IF FOR ANY VALID REASON I AM NOT SATISFIED WITH THE SERVICE OR THE RESULTING PROGRAM, I WILL ABIDE BY THE CANCELLATION POLICY TERMS AND CONDITIONS WITHIN THIS AGREEMENT.

KC HAS EXPLAINED TO ME IN THIS CONTRACT AND ON A RECORDED QUALITY CONTROL CALL THAT I MAY BE IN AN ADMINISTRATIVE FORBEARANCE AND MAY NOT BE REQUIRED TO MAKE A STUDENT LOAN PAYMENT AT THIS TIME. I ACKNOWLEDGE I AM WANTING TO ENROLL IN AN INCOME DRIVEN PROGRAM DOCUMENT PREPARATION SERVICE WITH DOCUMENT PREPARATION SERVICE PROVIDED BY KC.

Executed on this (Date): 7/10/2020

Borrower Signature:  _____ DOB: 08/04/1976

Borrower Name: Audrey Monhollen _____ SSN: 417-27-2164

Client Initial _____

Student Loan Data System Access Permission

As part of the federal student loan assistance application process, it will be necessary for Keeping Capital and their affiliates (hereinafter "Company") to access your student loan information within the Student Loan Data System located online at <http://www.nslds.ed.gov>.

The Data System contains a complete list of your federal education loans, along with current estimated balances and servicer details — information that is required to complete your application(s).

By enrolling in the Company program, you are agreeing to allow Company and its authorized agents to access your profile and all the data contained within that profile. In order to allow this access, you may need to provide Company with your Personal Identification Number (PIN).

Please note that all information that Company obtains from the Student Loan Data System will be used expressly for the purposes of confirming information and assisting in the preparation of applications.

Acknowledgment

I, Audrey Monhollen, hereby acknowledge that I have read, understood, and agree to the above statements regarding access to my Data System profile. I understand that any information received or accessed will be used solely for the purposes as stated above.

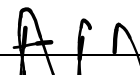
By signing this acknowledgment, I agree to allow Company to access the Student Loan Data System and my personal profile as explained above.

Client Signature:



Sign Date:

Client Initial





United States Department of Education

Certification of Identity & Authorization to Disclose Personal Information

Privacy Act Statement. Department regulations require a person who submits a written request for access or disclosure of records to submit personal data sufficient to identify the individual submitting the request. 34 C.F.R. Section 5b.5(b). We solicit the information requested here in order to ensure that the records of individuals who are the subject of Department systems of records are not wrongfully disclosed by the Department. If you fail to furnish this information we will take no action to honor your request. Required information is indicated in CAPS.

FULL NAME OF REQUESTER: [PLEASE PRINT] Audrey Monhollen
ADDRESS: [STREET] 300 Oak Cliff Drive
[CITY] Oneida [STATE] TN [ZIP] 38741
Phone: (423) 539-4664 Email: forgetmail76@gmail.com
SOCIAL SECURITY NUMBER: ¹ 417-27-2164 DATE OF BIRTH: [MM/DD/YY] 08/04/1976

Authorization to Disclose Personal Information to Another Person


I authorize the Department of Education and its agents to release to, and discuss with, the individual named below as my representative, any records of the Department regarding my student financial assistance loan or grant obligation(s) to the Department, for the purpose of assisting me in satisfying the obligation:

FULL NAME OF REPRESENTATIVE: Keeping Capital
ADDRESS: [STREET] 1962 Main Street
[CITY] Sarasota [STATE] FL [ZIP] 34236
PHONE: () 8559341668 [Relationship To Requester] 3rd Party Rep

I authorize the Department to honor this authorization unless and until I revoke it in a written notice and the designated office of the Department receives that notice. I understand that whenever requesting disclosure of information, the representative named here must submit information to verify his or her identity.

I UNDERSTAND THAT IN ORDER TO VERIFY HIS OR HER IDENTITY WHEN MAKING A REQUEST FOR DISCLOSURE BY TELEPHONE, THE REPRESENTATIVE MAY BE REQUIRED TO PROVIDE MY SSN, DOB, AND THE DATE ON WHICH I SIGNED THIS AUTHORIZATION.

I declare under penalty of perjury that I am the person named above as the requester, that I authorize release to the individual named as representative, and that the statements I provided here are true and accurate. I understand that any false statement is subject to punishment under 18 U.S.C. Section 1001 by fine or imprisonment of not more than five years, and that a knowing and willful request made under false pretenses for a record of an individual is subject to punishment under 5 U.S.C. Section 552a(i)(3) by a fine of up to \$5000.

DATE: 7/10/2020 SIGNATURE: 

¹ You are not required to provide your SSN or DOB. However, we ask you to provide your SSN and DOB only to facilitate the identification of records relating to you, and unless you provide your SSN and DOB, we may be unable to locate any or all records pertaining to you.

Completed authorizations should be mailed to:

US DEPARTMENT OF EDUCATION
PO BOX 5609
GREENVILLE TX 75403-5609



GFB

GENERAL FORBEARANCE REQUEST

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program

OMB No. 1845-0031
Form Approved
Exp. Date 2/28/2019

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 INFORMATION

Please enter or correct the following information.

☐ Check this box if any of your information has changed.

SSN 417-27-2164
Name Audrey Monhollen
Address 300 Oak Cliff Drive
City Oneida State TN Zip Code 38741
Telephone - Primary 423-539-4664
Telephone - Alternate 423-539-4664
Email (Optional) forgetmail76@gmail.com

SECTION 2: FORBEARANCE REQUEST

Carefully read the entire form before completing it. Answer all questions in Section 2. Your loan holder has sole discretion in whether to grant your general forbearance request, and, if granted, for what period your forbearance will be applied. Instead of forbearance, you may want to consider requesting a deferment (which has an interest benefit for some loan types) or changing to a repayment plan that determines your monthly payment amount based on your income. Visit StudentAid.gov/IDR for more information.

1. I am requesting a forbearance because I am experiencing a temporary hardship related to one of the following situations (check one):

- ☒ Financial difficulties
☐ Change in employment
☐ Medical expenses
☐ Other (explain the situation below)

2. If approved for a forbearance, I would like to:

- ☒ Temporarily stop making payments.
☐ Temporarily make smaller payments of _____ per month.

3. I would like my forbearance to begin with the monthly payment that is due in the month and year below:

4. If approved for forbearance, I would like my forbearance to end in the month and year below, and begin making payments the following month:

Borrower Name Audrey Monhollen

Borrower SSN 417-27-2164

SECTION 3: BORROWER/ENDORSER UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

I understand that:

- I am not required to make payments of loan principal or interest during my forbearance, but interest will continue to be charged on all my loans.
- My loan holder has sole discretion in whether to grant my general forbearance request and for what dates it will be granted.
- For Perkins Loans, there is a cumulative limit on general forbearance of 3 years. For Direct Loans and FFEL Program loans, my loan holder may set a limit on general forbearance.
- My forbearance will end on the earlier of the end date that I requested, 12 months from the date my forbearance begins, or when I exhaust any limit that my loan holder has on forbearance.
- I can request another forbearance after my forbearance ends if I am still experiencing financial hardship.
- Interest may capitalize on my loans during or at the expiration of my forbearance, but interest never capitalizes on Perkins Loans.

I certify that:

- The information I have provided on this form is true and correct.
- I will provide additional documentation to my loan holder, if requested, to support my general forbearance request.
- I will repay my loans according to the terms of my promissory note, even if my request is not granted.

I authorize the entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's/Endorser's Signature



Date 7/10/2020

SECTION 4: INSTRUCTIONS FOR COMPLETING THE FORBEARANCE REQUEST

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy) or (mm-yyyy) as appropriate. Example: March 14, 2016 = 03-14-2016. Include your name and account number on any documentation that you may be requested to submit with this form. If you want to apply for a forbearance on loans that are held by different loan holders, you must submit a separate forbearance request to each loan holder. **Return the completed form and any requested documentation to the address shown in Section 6.**

If you are an endorser, you may request forbearance only when you are required to repay the loan because the borrower is not making payments. If you have a loan made jointly with another borrower (as co-makers), you must both individually meet the requirements for a forbearance and each of you must request forbearance.

SECTION 5: DEFINITIONS

Capitalization is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of your loan and may cause your monthly payment amount to increase. Interest never capitalizes on Perkins Loans. Table 1 (below) provides an example of the monthly payments and the total amount repaid for a \$30,000 unsubsidized loan. The example loan has a 6% interest rate and the example deferment or forbearance lasts for 12 months and begins when the loan entered repayment. The example compares the effects of paying the interest as it accrues or allowing it to be capitalized.

A **co-maker** is one of the two individuals who are joint borrowers on a Direct or Federal Consolidation Loan or a Federal PLUS Loan. Both co-makers are equally responsible for repaying the full amount of the loan.

A **deferment** is a period during which you are entitled to postpone repayment of your loans. Interest is not generally charged to you during a deferment on your subsidized loans. Interest is always charged to you during a deferment on your unsubsidized loans. On loans made under the Perkins Loan Program, all deferments are followed by a post-deferment grace period of 6 months, during which time you are not required to make payments.

An **endorser** is an individual who signs a promissory note and agrees to pay the loan if the borrower does not.

The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans, Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).

The **Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).

A **forbearance** is a period during which you are allowed to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. A forbearance can be a mandatory forbearance, meaning that your loan holder must grant the forbearance if you qualify for the forbearance and supply all supporting documentation. A forbearance can also be a discretionary forbearance, meaning that your loan holder may grant the forbearance, but is not required to do so.

The **holder** of your Direct Loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. The holder of your Perkins Loans is an institution of higher education or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to "your loan holder" on this form mean either your loan holder or your servicer.

A **subsidized loan** is a Direct Subsidized Loan, a Direct Subsidized Consolidation Loan, a Federal Subsidized Stafford Loan, portions of some Federal Consolidation Loans, Federal Perkins Loans, NDSL, and Defense Loans.

An **unsubsidized loan** is a Direct Unsubsidized Loan, a Direct Unsubsidized Consolidation Loan, a Direct PLUS Loan, a Federal Unsubsidized Stafford Loan, a Federal PLUS Loan, a Federal SLS, and portions of some Federal Consolidation Loans.

The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.

Table 1. Capitalization Chart

Treatment of Interest with Deferment/Forbearance	Loan Amt.	Capitalized Interest	Outstanding Principal	Monthly Payment	Number of Payments	Total Repaid
Interest is paid	\$30,000	\$0	\$30,000	\$333	120	\$41,767
Interest is capitalized at the end	\$30,000	\$1,800	\$31,800	\$353	120	\$42,365
Interest is capitalized quarterly and at the end	\$30,000	\$1,841	\$31,841	\$354	120	\$42,420

SECTION 6: WHERE TO SEND THE COMPLETED FORBEARANCE REQUEST

Return the completed form and any documentation to:
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:
(If no telephone number is shown, call your loan holder.)

SECTION 7: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., or §461 of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., or 20 U.S.C. 1087aa et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program, Federal Family Education Loan (FFEL) Program, or Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, or Federal Perkins Loan Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0031. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 674.33, 682.211, and 685.205. If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 6).

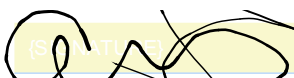


FEDERAL STUDENT HELP
313 INTERSTATE BLVD. SARASOTA, FL 34240
TOLL FREE: (888) 510-9571 FAX: (941) 451-2062
WWW.FEDERALSTUDENTHELP.COM

MONROE MY
NETWORK

Credit/Debit Card Authorization form

Date:	Jul 10, 2020	Company Name:	Keeping Capital
Name as it appears on Credit Card:	Audrey Monhollen		
Street Address:	300 Oak Cliff Drive		
City:	Oneida	State/Province:	TN
		Zip:	38741
Country:		Email:	forgetmail76@gmail.com
		Phone:	423-539-4664
Credit Card Type:	<input type="radio"/> VISA <input checked="" type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover		
Credit/Debit Card #:	5516500000268735		
Exp. Date:	01/2023	CVV #:	124
		First Payment Date:	Aug 03, 2020
First Payment Amount:	\$ 156.63	File Number:	409820472

Signature: 

Please return the completed and signed form via fax (941) 451-2062 or e-mail Finance@MMNW.Biz

SERVICE FEES

Customer authorizes Federal Student Help to charge the following fees for services rendered:

- Transaction Fee --- \$7.95

Other charges as applicable

- NSF/Return Item --- \$8.50
- Chargeback fee \$45.00

I authorize Federal Student Help, a third-party payment processor, to debit the credit/debit card account indicated in this form, for the noted amount on the schedule indicated in the MMNW client agreement. I agree not to hold Federal Student Help Liable for any damages caused by the agreement with MMNW. Federal Student Help is a third-party payment processor that processes payments for services rendered from MMNW. This payment is for services outlined in my client agreement with MMNW and I understand that returns, refunds and cancellations are subject to the services rendered as described in the client agreement. I understand that this authorization will remain in effect until the scheduled end date, or until I cancel it in writing whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit/debit card company, so long as the transaction corresponds to the terms indicated in this form.

Client Initial

Am



Keeping Capital
1962 Main Street Suite 420, Sarasota FL 34236
(888) 934- 1668 Fax: (941) 451-2062
www.keepingcapital.com
Limited Power of Attorney

To Any and All of my Student Loan Creditors:

I, hereby duly authorize, empower and appoint Keeping Capital LLC (KC), its agents and representatives permission as my true and lawful agent and attorney-in-fact for me and in my name, place and stead, and in my behalf, and for my use and benefit, to exercise and perform any act necessary or convenient, including but not limited to, the following on my behalf:

To communicate with any and all of my Federal Student Loan providers to consolidate my student loans.

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(s), payment history verification of the account(s), and any and all necessary communications, correspondence, and negotiations regarding my account(s). I assert that all of the information I have provided (KC) and will provide is true and accurate.

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 Manage My Net Worth (KC) 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: (855) 640-5873 and correspondence to: Keeping Capital, 1962 Main Street Suite 420, Sarasota FL 34236. Any and all communications directed to me will be referred to KC, and only KC has the authorization to deal with your company and or its representatives.

I hereby authorize KC to make, receive, sign endorse, endorse, execute, acknowledge, deliver, and possess the documents as my attorney-in-fact deems to be advisable with regard to any of the powers under this power of attorney, including, but not limited to, the documents for the consolidation of my student loans, including but not limited to the use of my electronic signature for submission of my consolidation documents to the Department of Education ("DOE").

KC shall also have authorization to utilize my Free Application For Student Aid ("FAFSA") PIN for the limited purpose of submitting my student loan consolidation package to the DOE.

I understand that KC 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 KC relating to my personal financial situation. I expressly agree to waive, forego, indemnify and defend any claim against KC relating to the practice of law. I understand that any creditor or collection activity, demands, or lawsuits are not related to my enrollment in the KC 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.

7/10/2020

Applicant Signature:

Applicant Name

Audrey Monnollen

Applicant SSN:

Applicant DOB:

417-27-2164

08/04/1976

Date: Jul 10, 2020

Dear Human Resources,

We need your help concerning the pay stubs for this employee. Please provide us with 30 days of the most recent pay stubs-a copy of the actual, as soon as possible. The employee has signed their consent to release them and we are working under a deadline to receive these paystubs.

Employee Name: Audrey Monhollen

Employee Social Security Number (SSN) 417-27-2164

PLEASE SEND 30 DAYS OF THE MOST RECENT PAYSTUBS TO:

FAX: (941) 451-2062

EMAIL: SUPPORT@keepingcapital.com

I am the individual, to whom the requested information or records apply to. Please note that you, as my Employer, may be asked other employment questions at a later date, if the paystubs do not contain all of the information that is needed.

Employee Signature



Name of Employer

unemployed



Your Document Was Successfully Signed!

Congratulations, your document(s) was successfully signed. Please find details below related to your e-signature submission.

Signing Details

Document ID
2464536

Document Title
KC Rehab & Consolidation Enroll pack

Sender IP Address
71.3.203.121

Number Of Signers
1

Signer Email
forgetmail76@gmail.com

Signer IP Address
107.77.237.181

Timestamp
2020-07-10T13:10:37-05:00

Document MD5 Hash
d41d8cd98f00b204e9800998ecf8427e

Document Audit

✓ Sent at 2020-07-10T13:07:22-05:00 from IP 71.3.203.121

✓ Delivered to forgetmail76@gmail.com at 2020-07-10T13:07:46-05:00 from 107.77.237.181

✓ Adopted Signature at 2020-07-10T13:08:18-05:00 from 107.77.237.181

✓ Completed Signing at 2020-07-10T13:10:35-05:00 from 107.77.237.181

✓ PDF Generated at 2020-07-10T13:10:37-05:00

Sending Agent
Mozilla/5.0 (Linux; Android 8.0.0; SAMSUNG-SM-G935A) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/70.0.3538.110 Mobile Safari/537.36