THE AMERICAN MEDICAL ASSOCIATION FOUNDATION LOAN (AMA LOAN)

INFORMATION SHEET

The AMA Loan has been made possible by donations from practicing physicians to the AMA Foundation in an effort to address the dwindling sources of medical student funding. Please remember their generous support when you, in turn, are able to help upcoming members of the medical profession.

Terms of the Loan:

Interest Rate

5%

Grace Period

6 months

Minimum Monthly Payment

\$30/month or \$90/quarter

Length of Repayment

Maximum of 10 years

Deferment for Residency

2 years

Please see your promissory note for further details on the terms of your loan.

University Address:_

Loan #		
Social	Security	#

PROMISSORY NOTE	Loan #
AMA-ERF LOAN PROGRAM	Social Security #
ocalled the Lending Institution, located in San Diego County, California, in the Schedule of Advancements attached hereto and made a part hereof and Authorizations made to and endorsed by me during the course of the Program, for the collection of any amount not paid when due.	d/or as evidenced by the sum of the amounts on the ree rayment
I further understand and agree that:	
date I cease to be at least a half-time student at an i II.(3) applies, 10 years later.	during any period in paragraph 11.(3) (4) (6) and (6) nich accrues on it, over a period beginning 6 months after the nstitution of higher education, and ending, unless paragraph tart on an earlier date.
 (c) I promise to repay the principal and interest over the or quarterly installments, as determined by the Lending (3) If the repayment schedule established under paragraph I.(2) less than \$90 per quarter, I shall repay the total amount of this (4) Notwithstanding the rate of interest stipulated in this promise. 	ne course of the repayment period in Equal monthly, Dimonthly, Institution. provides for repayment of principal and interest at a rate of loan including interest thereon at the rate of \$90 per quarter.
II. This note is also subject to the following conditions: (1) Prepayment: I may at my option and without any penalty prepa thereon, at any time. Amounts I repay in the academic year in whi and will not be considered a prepayment. If I repay more than the to prepay the principal unless I designate it as an advance prin (2) Default: If I fail to meet a scheduled repayment of any instate and accrued thereon, plus any applicable penalty charges, will, due and payable. The Lending Institution shall not be under any observed the debt has been declared due and payable under this province.	e amount due for any repayment period, the excess will be used notipal payment of the next regular installment. Illment, the entire unpaid indebtedness including interest due at the option of the Lending Institution, become immediately pligation to accept or process any requests for deferment filed vision.
(3) Deferment: Interest will not accrue, and installments need means that it is a second of the United States approach for a period not in excess of 3 years during which	not be paid: half-time student at an institution of higher education or at oved for this purpose by the Lending Institution, or I am:
 (i) on full-time active duty as a member of the ard Corps, or Coast Guard), (ii) in service as a Volunteer under the Peace Corps 	ned forces of the United States (Army, Navy, Air Force, Marine
(iii) a VISTA volunteer under Title IPart A of th (iv) a full time volunteer in a tax-exempt organiz by Peace Corps or ACTION agency volunteers.	e Domestic Volunteer Service Act, cation performing service comparable to the service performed
 (vi) unable to secure employment because I am prov (vii) an officer on full-time active duty in the Co (C) for a period not in excess of two years during which that I may receive professional recognition required to (D) the Lending Institution may, upon my application, extraordinary circumstances, such as prolonged illness or 	iding care required by my spouse who is so disabled, or mmissioned Corps of the U.S. Public Health Service. time I am serving in an internship which is required in order
 interest will continue to accrue. (E) I understand that I must file the necessary forms for in order to gain these benefits. (4) Death and Disability Cancellation: If I should die or become 	deferment by the dates established by the Lending Institution
 (4) Death and Disability Cancellation: If I should die or become loan plus the interest thereon shall be canceled. (5) Personal Information Change: I am responsible for informing address or social security number. 	
(6) Penalty Charge: If I fail to make timely payment of all or deferment under paragraphs II.(3) or (4), but fail to submit t assessed me by the Lending Institution. No charge may exceed (1) where the loan is repayable in monthly in	the appropriate request on time, I promise to pay the charge
the installment or evidence is late, and \$2 for each month or p is repayable in bimonthly or quarterly installments, \$3 and \$6, which the installment or evidence is late. If the Lending Institution elects to add the assessed charge to	art of a month thereafter; or (2) in the case of a loan which respectively, for each installment interval or part thereof by
before the due date of the next installment. (7) Credit Bureaus: I understand that the Lending Institution history, and other relevant information including past-due amou (8) Waiver: Every maker of this note hereby waives all rights and or hereafter applicable to the indebtedness evidenced by this n	may disclose the amount of my indebtedness and my repayment nts, to credit bureau organizations. I benefits conferred by any and all statutes of limitations no
I hereby certify (1) that I understand I am receiving a loan which must are contained in the above terms; (3) I have read this promissory note;	be repaid; (2) that my rights and obligations under this load and (4) I have received a copy of this note.
Signature of Maker:	Date
Desmanant Address *	Phone no. ()

_ Phone no. (

SCHEDULE OF ADVANCES								
INITLS	LINE	CHECK NO.	ACTUAL CASH ADVANCES	RECEIVED (SIGNATURE OF MAKER)	DATE	TOTAL ADVANCED TO DATE		
-	1				 - -			
·	2							
	3							
	4							
	5							
	6							
	7							
:	8							
	9							
	10							
	11							
	12							

Notice to borrower

[†] Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. It is used to verify your identity in the financial aid record-keeping systems which were established prior to January 1, 1975 under the authority of The Regents of the University of California, Article IX, Section 9 of the California Constitution. Disclosure of the social security number is required pursuant to Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended.