

**AFFORDABLE CONNECTIVITY PROGRAM
DISCLOSURES AND CUSTOMER CONSENT TO TRANSFER**

Please read and initial each statement below to confirm you have read and understand the disclosures related to the transfer of your Affordable Connectivity Program benefit to NITCO.

- _____ I acknowledge that my Affordable Connectivity Program (ACP) benefit will be transferred to NITCO.
- _____ I understand that my ACP benefit will be applied to service from NITCO and will no longer be applied to service retained from my previous provider.
- _____ I understand, as a result of transferring my ACP benefit to NITCO, I may be subject to my previous provider's undiscounted rates if I choose to retain service from that provider.
- _____ I understand that I am limited to one ACP benefit transfer per service month, with limited exceptions where a subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

I acknowledge that I have received the disclosures related to my request to transfer my Affordable Connectivity Program (ACP) benefit. I understand these disclosures and I consent to the transfer of my ACP benefit to NITCO.

Customer Signature	Date of Signature		
Customer Printed Name	Date of Birth	Last 4 of SSN	
Residential Address	City	ST	ZIP
Customer Account Number	Customer Email Address		