



Affordable Connectivity Program (ACP) or Lifeline Consent Transfer-in Form

Please read and initial each of the following to transfer to Golden West in the selected program:

_____ I am transferring my ACP | Lifeline benefit to Golden West Telecommunications.

_____ The effect of transfer is my benefit will be applied to Golden West’s service and will no longer be applied to service retained from the transfer-out provider.

_____ I may be subject to the transfer-out provider’s undiscounted rates because of the transfer if I elect to maintain service from the transfer-out provider.

_____ I am limited to one benefit transfer transaction per service month, with limited exceptions for situations where the subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

_____ I acknowledge that I was provided and read the disclosures herein, and that I give my informed consent to transfer my benefit to the transfer-in provider on the date indicated next to my signature

Signature: _____ Date: _____

Print Name: _____

Contact Phone: _____ Contact Email: _____