



Affordable Connectivity Program (ACP) Consent Transfer-In Form

Please read and initial each of the following to transfer to Golden West in the ACP Program:

____ I am transferring my ACP benefit to Golden West Telecommunications.

____ The effect of the transfer is my ACP 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 ACP benefit transfer transaction per service month, with limited exceptions for situations where the subscriber seeks to reverse and 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: _____