



Affordable Connectivity Program Transfer Consent Form

I, _____, hereby provide my written consent that Southeast Nebraska Communications, Inc. can transfer my Affordable Connectivity Program (ACP) benefit as I have read and signed the required ACP Consent Form.

By initialing each of the statements below I acknowledge I have read and understand each of the statements below.

_____ I understand that my ACP benefit transfer to Southeast Nebraska Communications, Inc. will be applied to my broadband service and will no longer be applied to my service from the transfer-out provider.

_____ I understand I may be subject to the transfer-out provider's undiscounted rates as a result of the transfer if I elect to maintain service from the transfer-out provider.

_____ I understand as the subscriber I am limited to one ACP program benefit transfer transaction per 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.

Signature: _____

Date: _____

Print Name: _____

Contact Phone: _____

Contact Email: _____