

**ACP BENEFIT TRANSFER**

I hereby authorize the transfer of my ACP benefit To Northeast Missouri Rural Telephone Company (NEMR). I give permission for NEMR to initiate the transaction in NLAD on my behalf to transfer said benefit to NEMR.

I acknowledge that once the transfer is complete, I will lose my ACP benefit and/or with my former eligible telecommunications carrier (ETC) and my household may be subject to the former ETC's undiscounted rates. I also acknowledge that NEMR has explained that I may not have multiple ACP benefits with the same or different providers, and I am limited to one benefit transfer per service. Transfers will be limited to one per service month.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Social Security # (last 4 digits)

\_\_\_\_\_  
Date of Birth