

**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.

- 1) I consent to transfer my ACP benefit to NEMR.
- 2) I understand that by transferring my ACP benefit to NEMR, I will no longer be able to apply the ACP benefit to the service provider that my ACP benefit currently applies to.
- 3) I understand that I will be subject to the undiscounted rates for my current ACP supported services as a result of this transfer if I choose to maintain service with my current ACP supported service provider.
- 4) I understand that I am limited to one ACP-transfer transaction per service month with limited exceptions.
- 5) I understand all of the disclosures listed on this document.

My signature below is proof of consent to the above transaction rules.

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

\_\_\_\_\_  
Date

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

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

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