

**AFFORDABLE CONNECTIVITY PROGRAM
CUSTOMER CONSENT TO ENROLL**

The Affordable Connectivity Program (ACP) is a Federal Communications Commission (FCC) program that provides a discount on monthly broadband bills for qualifying low-income households. If you qualify, your household can receive a monthly ACP benefit of up to \$30 to cover the cost of your Internet service. If you live on qualifying Tribal lands, you may receive a discount of up to \$75.

Customers may apply for the benefit at ACPBenefit.org

Once your application for the ACP benefit has been approved by the National Verifier, Sierra Tel Internet can enroll you in the program and apply the benefit to your bill for Internet service.

Sierra Tel Internet is required to obtain your consent to apply the benefit to your broadband Internet access service. Please read and initial each statement below.

_____ I have received approval for the Affordable Connectivity Program through the National Verifier. My Application ID is: _____

_____ I agree that all the information I provide on this form may be collected, used, shared, and retained for the purposes of receiving the ACP benefit. I understand that this information will be transmitted to the ACP Administrator and, if this information is not provided to the ACP Administrator, I will not be able to receive ACP benefits. If required by the laws of my state or Tribal government, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the ACP Administrator. The information shared by the state or Tribal government will be used only to help determine if I am eligible for the ACP benefit.

_____ For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband Internet access service bill and, if for any reason I no longer qualify for the program, my household will be subject to Sierra Tel Internet's undiscounted general rates, terms and conditions if my household continues to subscribe to the service.

I acknowledge receipt of the disclosures above. I affirm that I am eligible to receive the Affordable Connectivity Program (ACP) benefit and request that Sierra Tel Internet apply this benefit to my broadband Internet access service.

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|-------------------------|------------------------|-----------------|
| Customer Signature | Date of Signature | Contact Phone # |
| Customer Printed Name | Date of Birth | Last 4 of SSN |
| Residential Address | City | ST ZIP |
| Customer Account Number | Customer Email Address | |