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3700 10th St., Great Bend, KS 67530

## ACP TRANSFER DISCLOSURE

Print and hand complete all fields on this form to authorize Nex-Tech to perform a transfer of your ACP benefits. For Nex-Tech to confirm, the information on this form must match EXACTLY the information entered the National Verifier. Once completed return to your local Nex-Tech store. SUSCRIBER INFORMATION-If you used another individual as your qualifier such as a child, you would need to list their information as well.

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_ Last 4 of SSN(s) \_\_\_\_\_

Phone number used in National Verifier \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City KS ST ZIP

Billing address \_\_\_\_\_  
Street ST ZIP

National Verifier Application Approval ID \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, you acknowledge that you have received the disclosures related to your request to transfer your Affordable Connectivity Program (ACP) benefit. You understand these disclosures and consent to the transfer of the ACP benefit to Nex-Tech.**

\*I acknowledge that my Affordable Connectivity Program (ACP) benefit will be transferred to Nex-Tech.

\*I understand that my ACP benefit will be applied to service from Nex-Tech and will no longer be applied to service retained from my previous provider.

\*I understand, as a result of transferring my ACP benefit to Nex-Tech, I may be subject to my previous provider's undiscounted rates if I choose to retain service from that provider.

\*I understand that I am limited to one ACP benefit transfer per service month, with limited exceptions where a subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

Signature	Date
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### FOR FRONTLINE STAFF USE:

Date Received in Store: \_\_\_\_\_ Time

Received: \_\_\_\_\_

Customer Account Number \_\_\_\_\_ Received BY: \_\_\_\_\_

### FOR NEX- TECH LIFELINE PROCESSOR USE:

Application processed By: \_\_\_\_\_

Completed form received on: \_\_\_\_\_

Customer Account # \_\_\_\_\_