



Dear Customer,

Thank you for your interest in enrolling in the Lifeline and/or Affordable Connectivity Program (ACP) services provided by Access Wireless.

Lifeline and the Affordable Connectivity Program (ACP) are separate programs. Lifeline benefits may be combined with ACP benefits and applied to the same service plan. You may also apply Lifeline and ACP benefits to different service plans. You do not need to enroll in Lifeline in order to enroll in ACP and you do not need to enroll in ACP in order to enroll in Lifeline. You may choose to get Lifeline and ACP services from different service providers. You may transfer your Lifeline and ACP services to another provider subject to certain regulatory restrictions.

Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in Lifeline and ACP benefits and an eligible Access Wireless service plan and will not be used for any other purpose. Lifeline and ACP benefits are subject to verification of eligibility by Access Wireless and the National Verifier.

If you wish to enroll in only Lifeline or only the ACP with Access Wireless, you may do so by using either the separate Lifeline Enrollment Application or ACP Enrollment Application.

Please see the next page for steps on applying for service with Access Wireless.

**Apply for both Lifeline and ACP services to receive UNLIMITED TALK, TEXT & DATA*
(*Up to 15 Gigabytes)**



Please read through this letter entirely and follow the process below.

1. To enroll into the Lifeline Program and / or Affordable Connectivity Program, you must first obtain a **National Verifier Approval Code**.

You may obtain this code by:

- a. Enrolling online at <https://www.checklifeline.org/lifeline>.
- b. Completing the enclosed **FCC/Universal Service Administrative Co. Application** and mailing that portion of the application to the address below (Do NOT send to Access Wireless):

| |
|---|
| <p>USAC Lifeline Support Center P.O. Box 7081 London, KY 40742</p> |
|---|

NOTE: USAC may request additional documentation during the enrollment process.

***A National Verifier Approval Code is required to process your Access Wireless application.**

2. Once you have received your National Verifier application approval code, please complete the Access Wireless application for Lifeline and/or the Affordable Connectivity Program and return it, along with copies of your Unexpired Driver's License or State-Issued ID, and your current proof of Address to Access Wireless using one of the following methods:

- **Secure Link**

Upload your application securely at this link:

<https://documents.accesswireless.com/filedrop/ProspectDocUpload>

- **Mail**

Access Wireless
1 Levee Way Suite 3116
Newport, KY 41071

Once Access Wireless receives your completed application and, if approved, your phone will be delivered within 7-10 business days. Upon receipt, you will need to complete the activation instructions included with your phone to begin using your Access Wireless service.

If you have any questions, please visit accesswireless.com or contact our Customer Care team at 1-866-594-3644.

Thank you for choosing Access Wireless

Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- **If you get Lifeline for phone service**, you can get the benefit for one mobile phone or one home phone, but not both.
- **If you get Lifeline for internet service**, you can get the benefit for your mobile phone or your home connection, but not both.
- **If you get Lifeline for bundled phone and internet service**, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

If the Lifeline Program Administrator is not able to validate that you or someone in your household qualify using this form and electronic databases, you may need to provide an official document from one of the government qualifying programs or documentation that proves your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

1. If you qualify through a government program, provide a copy of a document such as an approval letter or benefit letter with the name of the person in your household who qualifies, name of the program, and issue date within the past 12 months or future expiration date.
2. If you qualify through your income, provide a copy of the prior year's state, federal, or Tribal tax return or a current income statement from an employer or paycheck stub for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see all acceptable document guidelines.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

Mail the form to this address:

USAC
Lifeline Support Center
P.O. Box 7081
London, KY 40742

Lifeline Program Application Form



Universal Service
Administrative Co.

2a. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional) Suffix (optional)

Last

What is your phone number (if you have one)? **What is your date of birth?**

Month Day Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?
If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

email phone* text message* mail

*If I selected the phone or text option, I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service.

If I selected the text message option, message and data rates may apply.

Text STOP to end messages.

Lifeline Program Application Form



2b. Your Information (continued)

* Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the FCC for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal lands***

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code



2c. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

First

Middle (optional)

Suffix (optional)

Last

What is their date of birth?

Month

Day

Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?

Lifeline Program Application Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs
- Tribal Specific Programs
 - Bureau of Indian Affairs (BIA) General Assistance
 - Tribal Temporary Assistance for Needy Families (Tribal TANF)
 - Food Distribution Program on Indian Reservations (FDPIR)
 - Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

| Including you, how many people live in your household? (check one) | Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size) | | | | |
|--|--|-------------|-------------|-----|----|
| | All 48 States, DC, and Territories (not Alaska and Hawaii) | Alaska | Hawaii | Yes | No |
| 1 | \$18,347 | \$22,937 | \$21,101 | Yes | No |
| 2 | \$24,719 | \$30,902 | \$28,431 | Yes | No |
| 3 | \$31,091 | \$38,867 | \$35,762 | Yes | No |
| 4 | \$37,463 | \$46,832 | \$43,092 | Yes | No |
| 5 | \$43,835 | \$54,797 | \$50,423 | Yes | No |
| 6 | \$50,207 | \$62,762 | \$57,753 | Yes | No |
| 7 | \$56,579 | \$70,727 | \$65,084 | Yes | No |
| 8 | \$62,951 | \$78,692 | \$72,414 | Yes | No |
| If more than 8, add this amount for each extra person: | Add \$6,372 | Add \$7,965 | Add \$7,331 | Yes | No |

135% of the 2022 Federal Poverty Guidelines
 *The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial

I agree that if I move I will give my service provider my new address within 30 days.

Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

Initial

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial

I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.

Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

Initial

| | |
|------------------|---------------------|
| Signature | Today's Date |
|------------------|---------------------|

Lifeline Program Application Form



Universal Service
Administrative Co.

5. Agent Information

*Answer only if a sales
person submits this form.*

| | | |
|--|-------|---|
| What is the agent's full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. | | |
| First | | |
| Middle (optional) | | Suffix (optional) |
| Last | | |
| What is the agent's ID number? | | What is the agent's date of birth? |
| | Month | Day Year |



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the FCC's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which is available at <https://www.fcc.gov/managing-director/privacy-transparency/privacy-act-information#systems/>.

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.



REMINDER

BEFORE SUBMITTING YOUR ACCESS WIRELESS APPLICATION:

Return your FCC/Universal Service Administrative Co. Application to the Lifeline Support Center/National Verifier. Do NOT send to Access Wireless.

| |
|---|
| <p>USAC Lifeline Support Center P.O. Box 7081 London, KY 40742</p> |
|---|

**Alternatively, you may complete the enrollment process online by visiting <https://www.checklifeline.org/lifeline> for quicker processing.

NOTE: USAC may request additional documentation from you before providing you with an approval code.

If you do not first qualify through the National Verifier, your Access Wireless application will be rejected!!



LIFELINE AND AFFORDABLE CONNECTIVITY PROGRAM (ACP) ENROLLMENT APPLICATION

ATTENTION: The information you enter onto this form must match exactly to the information submitted on the FCC Lifeline Program Application Form and the National Verifier.

To apply for Lifeline/ACP services provided by Access Wireless, you must have first applied and been approved by USAC/ National Verifier. Please enter your USAC Application ID here:

Lifeline and ACP services are subject to availability. Access Wireless's complete Terms and Conditions, including our Acceptable Use and Privacy Policies, apply and are available at www.AccessWireless.com.

Lifeline and the Affordable Connectivity Program (ACP) **are separate programs**. Lifeline benefits may be combined with ACP benefits and applied to the same service plan. You may also apply Lifeline and ACP benefits to different service plans. You do not need to enroll in Lifeline in order to enroll in ACP and you do not need to enroll in ACP in order to enroll in Lifeline. You may choose to get Lifeline and ACP services from different service providers. You may transfer your Lifeline and ACP services to another provider subject to certain regulatory restrictions.

Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in Lifeline and ACP benefits and an eligible Access Wireless service plan and will not be used for any other purpose. Lifeline and ACP benefits are subject to verification of eligibility by Access Wireless and the National Verifier.

If you wish to enroll in only Lifeline or only the ACP with Access Wireless, you may do so by using either the separate Lifeline Enrollment Application or ACP Enrollment Application.

Apply for both Lifeline and ACP services to receive UNLIMITED TALK, TEXT & DATA* (*Up to 15 Gigabytes)

ACCESS WIRELESS APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____/_____/_____ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-_____

Residence Address (No P.O. Boxes, must be your principal address)

Residential address: _____ APT/Unit: _____

City: _____ State: _____ ZIP Code: _____ This address is: Permanent Temporary

I am a Tribal Resident residing on Tribal Lands: Yes No

Billing Address - if different from Residential (May contain P.O. Box):

Billing/Shipping address: _____ APT/Unit: _____

City: _____ State: _____ ZIP Code: _____

What is the best way to reach you (Check all that apply):

E-Mail Phone Text Message Mail

Contact Phone Number: _____ E-mail Address: _____

Check this box ONLY if you are qualifying through a child or dependent in your household. If so, fill out the information below.

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____/_____/_____ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-_____

Activation and Usage Requirements

You must activate it by dialing 611 from your Access Wireless handset. Access Wireless service is a prepaid service offered by the company to subscribers eligible for Lifeline and/or ACP discount benefits in states where it is authorized to do so. To maintain your service and benefits, you must personally activate the service by placing a call, initiating data usage, or by responding to instructions from Access Wireless to activate the service. To keep your account active, you must use the service at least once during any 30-day period by completing an outbound call, sending a text message, using cellular data, purchasing additional service from Access Wireless, answering an in-bound call from someone other than Access Wireless, or by responding to a direct contact from Access Wireless confirming that you want to continue receiving service from Access Wireless. If your service goes unused for 30 days, you will no longer be eligible for Lifeline or ACP benefits (or both, if you choose to apply both benefits to the same service) and your service may be suspended (allowing only 911 calls and calls to the Access Wireless's customer care center) subject to a 15-day cure period during which you must use the service (as described above) in order to fully re-activate your service, keep your telephone number and remain enrolled in Lifeline and ACP, as applicable.

By checking this box, I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

CONTINUE APPLICATION TO PAGE 2 >>>

PAGE 2: LIFELINE DISCLOSURES, AUTHORIZATIONS AND CERTIFICATIONS¹

Lifeline is a government benefit program operated by the Federal Communications Commission (FCC) that provides discounts on monthly broadband Internet access service and/or voice service. For more information about Lifeline and program eligibility requirements, call us at 1-866-594-3644 or visit www.AccessWireless.com/lifeline.



INSTRUCTIONS: INITIAL EACH LINE AND CHECK FINAL CERTIFICATIONS BEFORE CONTINUING TO PAGE 3.

Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the Lifeline program.

Only one Lifeline benefit is available per household. A household is not permitted to receive discounted Lifeline services from multiple providers. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in you being de-enrolled from the Lifeline program.

Lifeline discount benefits are not transferrable to other households or persons. Eligibility for Lifeline is determined by the National Verifier and National Lifeline Accountability Database, administered by the Universal Service Administrative Company (USAC), or an alternative verification process approved by the FCC.

_____ (1) I hereby certify that I have read and understood the disclosures listed above regarding Lifeline benefits and consent to enroll in Lifeline with Access Wireless.

_____ (2) I authorize and give express consent for Access Wireless and its contracted partners to contact me to validate my eligibility for, desire to participate in, or subscription to Access Wireless's Lifeline offers and other products and services via email, telephone, or text messaging, including calls using an automated telephone dialing system, manually, or with pre-recorded/artificial voice messages. Text messaging and data rates may apply. Consent for emails, calls and texts is optional and can be revoked at any time by dialing 611 from my Access Wireless provided wireless number or by calling 1-866-594-3644 and revoking consent. However, I understand that opting out will not affect Access Wireless's ability to contact me with notices and messages regarding Lifeline and/or any other service or product via the methods listed herein. For more information see our Terms and Conditions and Privacy Policy at www.AccessWireless.com.

_____ (3) I acknowledge that I am providing the information I have included in this form to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud, and abuse mitigation purposes. I also authorize CGM to receive and use my historic Lifeline enrollment information for verification and waste, fraud, and abuse mitigation purposes.

_____ (4) I authorize Access its contracted partners, for the purpose of applying for, determining eligibility, enrolling in and seeking reimbursement of Lifeline benefits, to collect, use, share, and retain my personal information, including but not limited to information required for the purpose of establishing eligibility for and enrolling in the Lifeline program, and including, but not limited to, full name, full residential address, date of birth, last four digits of social security number, telephone number, eligibility criteria and status, the date on which the Lifeline service discount was initiated and if applicable, terminated, usage status and other compliance requirements, the amount of support being sought for the service, and information necessary to establish identity and verifiable address. This information may be shared with USAC to ensure proper administration of the Lifeline program. Failure to provide consent will result in me being denied Lifeline benefits and service.

Lifeline Eligibility Criteria and Initialed Certifications:

Program eligibility: _____ program

Income eligibility: _____ number of individuals in household

You must acknowledge each of the certifications below individually and under penalty of perjury:

_____ (1) I meet the income-based or program-based eligibility criteria for Lifeline in FCC rule 47 C.F.R. § 54.409;

_____ (2) I will notify Access Wireless within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

_____ (3) If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in FCC rule 47 C.F.R. 54.400(e);

_____ (4) If I move to a new address, I will provide that new address to Access Wireless within 30 days;

_____ (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____ (6) The information contained in this certification form is true and correct to the best of my knowledge;

_____ (7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

_____ (8) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to FCC rule 47 C.F.R. § 54.405(e)(4).

Lifeline Benefit Transfer Consent:

A subscriber already enrolled in Lifeline with another provider must consent to the transfer of their Lifeline benefit to Access Wireless.

The effect of a Lifeline benefit transfer is that your Lifeline benefit will be applied to Access Wireless's Lifeline service and will no longer be applied to service retained from your former Lifeline service provider. You may be subject to your former Lifeline provider's undiscounted rates as a result of the transfer if you elect to maintain service from that provider.

_____ (9) After receiving and reviewing the foregoing required disclosures, I consent to and authorize Access Wireless to transfer my current Lifeline benefit to Access Wireless, if I am found to already be receiving a Lifeline discount benefit from another Lifeline provider.

¹ Completion of this form does not eliminate the need for the applicant to complete the Standard Lifeline Application Form which is required.

CERTIFICATION OF TRUTH AND CORRECTNESS UNDER PENALTY OF PERJURY:

By checking this box, I hereby certify, under penalty of perjury, that the information included in the foregoing applications and certifications are true and correct to the best of my knowledge.

FINAL DISCLOSURES, AUTHORIZATIONS & CERTIFICATIONS:

Lifeline – By checking this box, I certify I have read and understood the disclosures for Lifeline and consent to enroll in **Lifeline with Access Wireless**.

CONTINUE APPLICATION TO PAGE 3 ►►►

PAGE 3: ACP DISCLOSURES, AUTHORIZATIONS AND CERTIFICATIONS²

The Affordable Connectivity Program (ACP) is a government benefit program operated by the Federal Communications Commission (FCC) that provides discounts on monthly broadband Internet access service and certain connected devices. For more information about the ACP and program eligibility requirements, call us at 1-866-594-3644 or visit www.AccessWireless.com/acp.



INSTRUCTIONS: INITIAL EACH LINE, CHECK FINAL CERTIFICATIONS, SIGN AND DATE YOUR APPLICATION.

Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

ACP benefits may be obtained from any participating provider of your choosing and your monthly service benefit may be transferred to another provider no more than once in a service month.

ACP discounts can be applied to any available Access Wireless service plans at the same terms available to households that are not eligible for ACP supported services. Upload/download speeds will be determined by your particular service plan, and other factors, including your device, network availability from our underlying carrier, your proximity to cellular towers, and environmental factors may affect speeds, as described in our Broadband Transparency Disclosure at www.AccessWireless.com. A complete listing of our plans, including plans that are fully covered (no co-pay after application of the ACP discount), is available at www.AccessWireless.com/acp/plans.

Access Wireless's complete Terms and Conditions, including the Acceptable Use Policy, Privacy Policy and ACP Terms and Conditions, apply and are available at www.AccessWireless.com.

ACP monthly service and one-time device discounts are not transferrable to other households or individuals.

An eligible household is limited to one monthly service discount and a single one-time device discount.

An eligible household does not have to purchase an ACP discounted connected device in order to enroll in the ACP and receive monthly service discounts. Devices available for ACP discounts are listed at shop.AccessWireless.com.

Eligibility for the ACP is determined by the National Verifier and National Lifeline Accountability Database, administered by the Universal Service Administrative Company (USAC), or an alternative verification process approved by the FCC.

Your ACP discount benefit is separate from your Lifeline discount benefit. Your household can receive only one ACP benefit and one Lifeline benefit. Your ACP benefit can be separate or combined with your Lifeline benefit, depending on your choice and the service plan you choose. Lifeline participants may maintain their existing Lifeline services without enrolling in the ACP and may choose to take ACP benefits from another service provider.

If the FCC announces the end of the ACP, we discontinue our ACP service offers, you transfer your ACP benefits to another provider, or we determine your household is no longer eligible, we will notify you and you will revert to receiving the standard FREE Lifeline plan where available and if you are enrolled in Lifeline with Access Wireless and remain eligible. You may keep your service plan by paying the applicable undiscounted rate plus applicable fees and taxes.

If you select a plan that is not fully covered by applicable discounts and requires monthly post-payments (Access Wireless does not offer any such plans at this time), Access Wireless may disconnect your ACP-supported service after 90 consecutive days of non-payment on a post-paid plan.

A household may file a complaint against an ACP service provider via the FCC's Consumer Complaint Center.

Affordable Connectivity Program Initialed Certifications:

_____ (1) I hereby certify that I have read and understood the disclosures listed above regarding the ACP benefits and consent to enroll in the ACP with Access Wireless.

_____ (2) If I am seeking to qualify for ACP benefits as an eligible resident of Tribal lands, I certify that I live on Tribal lands, as defined in FCC rule 47 C.F.R. 54.400(e).

_____ (3) I authorize and give express consent for Access Wireless and its contracted partners to contact me to validate my eligibility for, desire to participate in, or subscription to Access Wireless's ACP offers and other products and services via email, telephone, or text messaging, including calls using an automated telephone dialing system, manually, or with pre-recorded/artificial voice messages. Text messaging and data rates may apply. Consent for emails, calls and texts is optional and can be revoked at any time by dialing 611 from my Access Wireless provided wireless number or by calling 1-866-594-3644 and revoking consent. However, I understand that opting out will not affect Access Wireless's ability to contact me with notices and messages regarding ACP service and connected device benefits and/or any other service or product via the methods listed herein. For more information see our Terms and Conditions and Privacy Policy at www.AccessWireless.com.

Affordable Connectivity Program Initialed Certifications Continued:

_____ (4) I acknowledge that I am providing the information I have included in this form to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud, and abuse mitigation purposes. I also authorize CGM to receive and use my historic Emergency Broadband Benefit and ACP enrollment information for verification and waste, fraud, and abuse mitigation purposes.

_____ (5) I authorize Access Wireless and its contracted partners, for the purpose of applying for, determining eligibility, enrolling in and seeking reimbursement of ACP service and connected device benefits, to collect, use, share, and retain my personal information, including but not limited to information required for the purpose of establishing eligibility for and enrolling in the ACP program, and including, but not limited to, full name, full residential address, date of birth, last four digits of social security number, telephone number, eligibility criteria and status, the date on which the ACP service discount was initiated and if applicable, terminated, usage status and other compliance requirements, the amount of support being sought for the service, and information necessary to establish identity and verifiable address. This information may be shared with USAC to ensure proper administration of the ACP program. Failure to provide consent will result in me being denied ACP service and connected device benefits.

_____ (6) I agree that any state, local, Tribal government, school, or school district, may share information about my receipt of benefits that would establish eligibility for the ACP, and that such information will be used only to determine ACP eligibility.

_____ (7) I certify that if I receive a connected device discount from Access Wireless as part of the ACP, I will pay a minimum of \$10.01 and a maximum of \$49.99 for the connected device and that, to the best of my knowledge, no one in my household has received a connected device discount from any service provider through the ACP or the Emergency Broadband Benefit program.

ACP Benefit Transfer Consent:

A subscriber already enrolled in the ACP with another provider must consent to the transfer of their ACP benefit to Access Wireless. The effect of an ACP benefit transfer is that your ACP benefit will be applied to Access Wireless's ACP service and will no longer be applied to service retained from your former ACP service provider. You may be subject to your former ACP provider's undiscounted rates as a result of the transfer if you elect to maintain service from that provider. You are limited to one ACP benefit transfer transaction per service month, with limited exceptions for situations where a subscriber seeks to reverse an unauthorized benefit transfer or is unable to receive service from a specific provider.

_____ (8) After receiving and reviewing the foregoing required disclosures, I consent to and authorize Access Wireless to transfer my current ACP benefit to Access Wireless, if I am found to already be receiving an ACP discount benefit from another ACP provider.

²Completion of this form does not eliminate the need for the applicant to complete the National Verifier's Standard ACP Application Form which is required.

CERTIFICATION OF TRUTH AND CORRECTNESS UNDER PENALTY OF PERJURY:

By checking this box, I hereby certify, under penalty of perjury, that the information included in the foregoing applications and certifications are true and correct to the best of my knowledge.

FINAL DISCLOSURES, AUTHORIZATIONS & CERTIFICATIONS:

Affordable Connectivity Program (ACP) — By checking this box, I certify I have read and understood the disclosures for ACP and consent to enroll in **ACP with Access Wireless**.

TODAY'S DATE

APPLICANT'S SIGNATURE (Please use blue or black ink)

This signed authorization is required in order to enroll you in the ACP Program in your state and is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless. By my signature immediately above, I hereby certify under penalty of perjury, and under Title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he/she does not believe to be true in a statement under penalty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both and can be barred from the program.