

SPT Broadband Affordable Connectivity Program (ACP) Customer Opt-In Form

Date:

Customer Name (Last, First, MI):

Customer Street Address:

City, State, Zip:

Telephone Number:

Mobile Number:

Preferred Email Address:

Social Security Number:

Customer Date of Birth:

Customer must read and initial all applicable statements below. Failure to fully accept all program statements may result in disqualification from ACP participation.

I hereby opt-in to the Affordable Connectivity Program (ACP) operated by the Federal Communications Commission.

I understand that the ACP is a federal government subsidy that reduces my broadband Internet access service bill, and that upon conclusion of the Program, my household will be subject to SPT Broadband's undiscounted general rates, terms and conditions, expected to total \$ _____ per month if I choose to continue subscribing to the service from SPT Broadband.

I certify that I:

1. have confirmed my eligibility for the Affordable Connectivity Program through the National Verifier.
2. meet the eligibility standards as a current federal Lifeline program beneficiary recipient.

I understand that I may obtain broadband Internet access service from any participating provider of my choosing, and that I may transfer my ACP program benefit to another provider at any time, but at this time, I consent to applying my ACP program benefit to the broadband Internet access service I receive from SPT Broadband.

I agree that all information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that if this information is not provided to the ACP Program Administrator, I will not be able to get ACP benefits.

All official communications for the ACP will be via electronic mail and I consent to receive such communications from SPT Broadband.

I understand that I may only receive one emergency broadband benefit per household, from one participating provider, and I certify that no other member of my household is receiving an emergency broadband benefit under the ACP.

I understand that if I share an address with one or more existing ACP subscribers according to the National Lifeline Accountability Database or National Verifier, I must complete a form certifying compliance with the one-per-household rule prior to initial enrollment in the program.

I understand that in order to qualify for the Tribal emergency broadband benefit, my residential address must be verified as located on Tribal lands.

I understand that the Affordable Connectivity Program amount will be issued as a monthly discount of up to \$30 per month on my broadband Internet access service, and that the benefit amount will not exceed SPT Broadband's standard rate for my broadband Internet access service. If the total bill exceeds \$30 per month, I will be responsible for the remaining balance after the ACP discount is applied. This includes any taxes and required fees that are applied to the full amount of the service.

I understand that due to the nature of this program, the Affordable Connectivity Program will not be prorated for a partial month of service and may be less than the full benefit during the final month of the program when program funding is nearing depletion.

I understand that as a condition of receiving the Affordable Connectivity Program benefits, I must use the broadband Internet access service at least once during the service month, and that failure to do so will result in loss of the program benefit for that month.

I consent to SPT Broadband verifying my household's broadband usage each month to enable SPT Broadband to claim reimbursement for my program benefit each month.

I understand that if SPT Broadband has a reasonable basis to believe that I am no longer eligible to receive the ACP benefit, I will receive a notification of impending termination of my ACP benefit and will have 30 days following the date of such notice to demonstrate continued eligibility.

I understand that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or SPT Broadband is required to de-enroll me from the program.

I understand that I will not be required to pay early termination fees if I choose to terminate or modify my broadband service during my participation in the ACP, or upon receiving notice of the benefit ending.

I understand that unless otherwise stated herein, my participation in the ACP does not alleviate my obligations to adhere to SPT Broadband's posted Rates, Terms and Conditions, filed Tariffs, Acceptable Use Policy or other rules and regulations that govern the services I receive.

SPT Broadband will notify me of the end date of the ACP and give me the opportunity to opt-in to continue receiving my broadband service plan to which I am subscribed under the ACP by paying the regular rates, terms, and conditions for the plan. If I do not opt-in, SPT Broadband will discontinue providing the broadband Internet service plan I have been receiving under the program.

Customer Signature

Signature Date

Authorized Company Representative

Signature Date