

**LIFELINE
BENEFIT TRANSFER FORM**

I _____, acknowledge the following:

- I wish to transfer my Lifeline benefit to Highland Telephone Cooperative, Inc.
- I understand that once the transfer is complete, the subscriber will lose their Lifeline benefit with my previous ACP provider.
- Highland Telephone Cooperative, Inc. has explained that I may not have multiple Lifeline benefits with the same or different providers.

Signature

Date

Social Security Number

Date of Birth

Phone Number