Lifeline Transfer Consent Form

Subscriber Consent to Transfer Lifeline Benefit

I, _____, acknowledge that I am currently receiving a Lifeline benefit and understand that **only one Lifeline benefit is permitted per household**.

By signing this form, I **voluntarily consent** to transfer my Lifeline benefit as described below.

Subscriber Information

- Full Name: _____
- Date of Birth: _____
- Last 4 digits of SSN or Tribal ID: _____
- Lifeline Phone Number or Account Number: _____
- Service Address: _____

Current Lifeline Provider – Switching FROM

- Provider Name: _____

New Lifeline Provider - Switching TO

- Provider Name: Socket Fiber

Transfer Authorization

I understand and agree that:

- My Lifeline benefit will be **transferred** from my current provider to Socket Fiber.
- Once this transfer is completed, my current provider may **terminate my Lifeline-supported service**.
- I will **not receive duplicate Lifeline benefits**.
- This transfer is being made **at my request** and without coercion.
- Providing false information or attempting to receive more than one Lifeline benefit may result in **de-enrollment** and other penalties under federal rules.

Acknowledgement

I certify that the information provided on this form is **true and correct** to the best of my knowledge. I understand that my consent authorizes the Lifeline transfer and related verification.

Subscriber Signature: _____

Date: _____

If signed by an authorized representative:

- Representative Name: _____
- Relationship to Subscriber: _____
- Signature: _____
