

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Global Connection Inc. of America ("the Company's") Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. 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. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

I hereby certify, under penalty of perjury, that I have read and understand the disclosures listed above, and that to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

OR

I hereby certify, under penalty of perjury, that I have read and understand the disclosures listed above, and that I am receiving Lifeline benefits from another carrier; however, with this application I would like to transfer my benefits to Global Connection Inc. of America. I understand the change will change my existing phone number.

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Federal Veteran's and Survivors Pension Benefit | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)(MI and CA only) |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) | <input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines (except for MI and CA) | <input type="checkbox"/> Low Income Heat and Energy Assistance (LIHEAP)(MI and CA only) |
| <input type="checkbox"/> Medicaid (Not Medicare) | <input type="checkbox"/> Income at or below 150% of Federal Poverty Guidelines (CA and MI only) | <input type="checkbox"/> National Free School Lunch Program (CA and MI Only) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | | |

Tribal eligibility: I hereby certify that I reside on Federally-recognized Tribal lands.

Customer Application Information:

First Name _____ Middle Name _____ Last Name _____

Date of Birth: Month: _____ Day: _____ Year: _____ Last Four Digits of Social Security Number or Tribal ID Number: _____

If Qualifying for Lifeline by Income, number of Individuals in Household: _____ Home Telephone Number (if available) : _____

Residential Address (P.O. Box NOT sufficient) _____ Address is (choose one): Permanent Temporary Contact Number _____

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different from Residential Address) (P.O. Box IS sufficient) _____ Email: _____

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Multiple households sharing an address:

I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses.

Letter of Authorization: This letter is a written authorization, to designate Global Connection Inc. of America to act as my agent in order to change the following; long distance carrier from my current telecommunications carrier to Global Connection Inc. of America long distance service, local exchange carrier from my current telecommunications carrier to Global Connection Inc. of America, I am authorized to request changes on this account. I further understand that there may be a charge for each provider change and could involve a charge for the changing back to the original primary carrier. Subscribers selecting the electronic signature option and or the IVR (Interactive Voice Response) to be considered a "writing", any name or symbol of subscriber affixed to or contained in the electronic Letter of Authorization shall be deemed to be the Subscriber's valid signature expressing intent to be bound to this Letter of Authorization and the applicable tariffs.

Authorizations:

I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number, address, DOB, last four digits of SSN or Tribal ID number, amount of support sought, means of qualifications, dates of service initiation/termination), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

If Qualifying person is different (Example: Child on School Lunch):

Name of qualifying individual (if different than applicant; if different see Additional Certifications): _____

The individual named on the documentation you provided to demonstrate eligibility is part of your household and does not already receive Lifeline benefits.

Additional certifications. I hereby certify, under penalty of perjury, that (initial the box next to each line):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required.
- I will notify the Company 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 eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- I am not listed as a dependent on another person's tax return (unless over the age of 60).
- The address listed is my primary residence, not a second home or business.
- If I move to a new address, I will provide that new address to the Company within 30 days.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.
- The information contained in this certification form is true and correct to the best of my knowledge.
- If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to Global Connection pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof to Global Connection Inc. of America at this time.

Applicant's Signature: _____

Date: _____

FOR AGENT USE ONLY (check the appropriate boxes for the proof of eligibility viewed; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility (check 1):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> The prior year's state, federal, or Tribal tax return, | <input type="checkbox"/> A Veterans Administration statement of benefits, | <input type="checkbox"/> Federal or Tribal notice letter of participation in General Assistance, or | If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months. |
| <input type="checkbox"/> Current income statement from an employer or paycheck stub, | <input type="checkbox"/> A retirement/pension statement of benefits | <input type="checkbox"/> A divorce decree, child support award, or other official document. | |
| <input type="checkbox"/> A Social Security statement of benefits, | <input type="checkbox"/> An Unemployment/Workmen's Compensation statement of benefits, | | |

Documents Acceptable Proof for Program-Eligibility (choose 1 from each list A and B below):

- | | | | |
|---|--|--|--|
| List A - Choose 1 | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)(MI and CA only) | List B - Choose 1: | Last 4 digits of Doc / ID# from List B _____ |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Low Income Heat and Energy Assistance (LIHEAP)(MI and CA only) | <input type="checkbox"/> Program participation card/document | Date of Proof Document: _____/_____/_____ |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> National Free School Lunch Program (CA and MI Only) | <input type="checkbox"/> Prior year's statement of benefits | Expiration Date of Proof Document: _____/_____/_____ |
| <input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA) | | <input type="checkbox"/> Notice letter of participation | |
| <input type="checkbox"/> Supplemental Security Income (SSI) | | <input type="checkbox"/> Other official document | |
| <input type="checkbox"/> Federal Veterans and Survivors Pension Benefit | | <input type="checkbox"/> evidencing participation _____ | |

Applicant Account Number: _____

Agent/Dealer Number: _____