



Please read this page carefully. Instructions on how to process an application are shown below.

Apply Online: You can apply with StandUp Wireless through our online application portal (www.standupwireless.com). You will need the following information to apply.

- Non-expired of government issued ID
- Full legal name
- Date of birth
- Last 4 digits of you Social Security number (or Tribal identification number)
- Address

**This is the most efficient way to complete the application process with StandUp Wireless and the National Verifier and receive same day approval.*

If you if you do not have access to internet, please follow these steps:

1. Call the National Verifier at (800) 234-9473 to apply over the phone or to receive a paper application.
2. Complete the National Verifier application form.
 - Consumers must complete all sections of the application.
 - Write clearly, using black ink and capital letters.
 - Required fields include:
 - i. Full name, home address, whether the address is permanent or temporary, billing address (if different), date of birth, last four digits of SSN or Tribal identification number, and the name of the qualifying program or number of household members.
 - You can mail in your finished Lifeline Application (English or Spanish), Household Worksheet, and copies of your proof of eligibility and Non-Expired Government Issued ID to the Lifeline Support Center. USAC will contact you by mail to let you know if you qualify for Lifeline. The Lifeline Support Center's mailing address is:
 - i. Lifeline Support Center
PO Box 7081
London, KY 40742
3. Complete the application form attached to this document and include a copy of an unexpired government issued ID and return it to the StandUp Wireless Lifeline Department.
 - The Lifeline Department's mailing address is:
 - i. StandUp Wireless
P.O Box 2148
Norcross, GA 30091

stand up[®]

WIRELESS
Lifeline Enrollment Application

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Standup Wireless' 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.

Personal Information:

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

DOB Month: _____ Day: _____ Year: _____ Last Four of SSN: _____ Contact Number: _____

Residential Address (May not be a PO Box) Street Address: _____

Apt: _____ City: _____ State: _____ Zip Code: _____

This address is (*choose one*): Permanent Temporary

Check if you live on Tribal Lands

Shipping Address (if different from Above):

Street address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by dialing 611 from your handset. To keep your account active, *you must use your Lifeline service at least once during any 30-day period by completing an outbound call, sending a text message, using your mobile broadband connection, purchasing additional minutes or data from Company, answering an in-bound call from someone other than the Company, or by responding to a direct contact from the Company confirming that you want to continue receiving Lifeline service from Company.* If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 15-day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

I understand I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. The Company has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my wireless handset.

I hereby authorize the Company to send me notifications, via text messages, emails, and phone calls (by automated telephone dialing system, manually, or with pre-recorded/artificial voice messages) regarding my Lifeline benefit, marketing messages, and promotional offers. I may withdraw my consent to receive some of these messages by dialing 611 from my Company provided wireless number. Opting out will not affect the Company's ability to contact me with messages regarding the Lifeline program and/or service functionality via the methods listed herein.

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

If I am found to already be receiving a Lifeline discount benefit from another Lifeline provider, I understand my current benefit will be transferred to StandUp Wireless. I consent to the transfer of my Lifeline discount benefit from my current Lifeline provider to StandUp Wireless.

By checking the box immediately below, I hereby certify, under penalty of perjury, that the information included in this certification form is true and correct to the best of my knowledge.

I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

Applicant's Signature: _____ Date: _____