



9850 South 300 West
Sandy, Utah 84070
www.4life.com

DISTRIBUTOR APPLICATION AND AGREEMENT

(888) 454-3374 - Distributor Services & Product Order Line
(800) 851-7662 - Corporate Fax

New Amended Phone Sponsor

Distributor ID# _____

APPLICATION INFORMATION Please use a pen and press hard so all copies are clear.

Applicant or Company Name (Last/First/MI) _____

Co-Applicant (Last/First/MI) _____

Street Address _____

City _____

State _____

Zip _____

County _____

Please Check Applicable Box: Outside City Limits Inside City Limits

Date of Birth _____

Home Phone _____

Work Phone _____

Cell Phone _____

Fax Number _____

DISTRIBUTOR SHIPPING ADDRESS (Please complete if shipping address is different than mailing address.)

E-mail Address _____

Street Address _____

City _____

County _____

State _____

Zip _____

Please Check Applicable Box: Outside City Limits Inside City Limits

Phone Number at shipping address _____

ENROLLER INFORMATION* (Person who enrolled you in 4Life®)

Mollman, Michelle L
Enroller's Name (Last/First/MI)

6190948
Enroller's ID #

(605) 221-6057
Telephone Number

(605) 278-6348
Fax Number

SPONSOR INFORMATION* (APPLICANT: Your direct upline link) (ENROLLER: You have the option of placing this applicant on a level other than your first level)

Mollman, Michelle L
Sponsor's Name (Last/First/MI)

6190948
Sponsor's ID #

(605) 221-6057
Telephone Number

(605) 278-6348
Fax Number

DISTRIBUTOR BUSINESS KITS (Select one)

Distributor Business Success Kit \$29.95

RioVida Rapid Start System \$19.95

AUTOSHIP/BACKUP AUTOSHIP (Select a prepackaged AutoShip or customize. An AutoShip or Backup AutoShip is required with the RioVida Rapid Start System.)

A (2) 2 packs of 4Life Transfer Factor® RioVida™

B (1) 2 pack of 4Life Transfer Factor RioVida, (1) 4Life Transfer Factor Plus Advanced Formula

C (1) 2 pack of 4Life Transfer Factor RioVida, (2) 4Life Transfer Factor Advanced Formula

D (1) 2 pack of 4Life Transfer Factor RioVida, (1) RiteStart (circle Men or Women)

Item Number	Product Name	Qty	LP	Wholesale	Suggested Retail	Total

AutoShip —The products listed will be sent to you automatically every month on the date requested below.

Backup AutoShip —You will be sent the products listed only if you do not have 100 LP by the date selected below.

SUBTOTAL	
SALES TAX	
SHIPPING	
ORDER TOTAL	

Starting on: _____
Mo Day Year

Start Backup AutoShip on this date: _____
Mo Day Year

(Date must be between 1st-19th of each month.)

(Date must be between 20st-25th of each month.)

See reverse side for Shipping and Handling information or to make changes to your AutoShip.

PAYMENT INFORMATION (Payment applies to all products and services selected above)

Discover MC Visa AmEx Electronic Bankdraft (Order will be delayed 5 business days. Please include a voided check.)

Credit Card # _____ CVV2 CODE _____ Expiration Date _____ Name on Card _____
(CVV2 CODE — Three digit security code required for credit card orders.)

4Life is required to collect sales tax on all orders in most states. Taxes applicable to the geographical location listed in your shipping address will automatically be added to your order each month unless 4Life has on file a copy of your sales tax license and a sales tax exemption form.

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name (Last/first/MI) _____

Individual/Sole Proprietor Corporation

Business Name (if different from Name) _____

Partnership Exempt from back-up withholding

Street Address _____

Other _____

City _____

State _____

Zip _____

PART I — Taxpayer Identification Number (TIN)

Enter your TIN on the appropriate line. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor or disregarded entity, see Part I Instructions. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN in the enclosed instructions.

Note: If the account is in more than one name, see the chart in the enclosed instructions for guidelines on whose number to enter.

Social Security Number _____ or Employer Identification Number _____

Purpose of Form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt or contributions you made to an IRA.

PART II — Certification

Under penalties of perjury, I can certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions.)

I certify that I am of legal age (the age of majority) for the state in which I reside. I have carefully read the terms and conditions on the back of this Application and Agreement, the 4Life Policies and Procedures and the 4Life Compensation Plan and agree to abide by all terms set forth in these documents. Additionally, I agree that I have completed the W-9 Request for Taxpayer Identification Number and Certification honestly and to the best of my knowledge. I hereby confirm that my signing of this application does not violate any other agreements or contracts to which I am a party. A PARTICIPANT IN THIS MULTILEVEL MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL PLACE OF BUSINESS WITHIN 3 BUSINESS DAYS AFTER THE DATE OF THIS TRANSACTION.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Please mail or fax your completed Application and Agreement to 4Life to finalize the distributor enrollment process. If your Application and Agreement is not received within 30 days of enrollment, your Distributorship shall automatically be converted to a Customer status and you will no longer be eligible for bonuses or commissions.

***This information can only be changed within 10 days of enrollment without receiving upline approval.**

4LIFE RESEARCH™, LC INDEPENDENT DISTRIBUTOR TERMS AND CONDITIONS

1. In accordance with the terms and conditions herein, I hereby submit my Distributor Application and Agreement to become an Independent Distributor, (hereinafter referred to as "Distributor") with 4Life Research, LC. (hereinafter referred to as "Company"):
2. The 4Life Policies and Procedures and the 4Life Compensation Plan are incorporated by reference into the terms and conditions of this agreement, in their current form and as amended by 4Life at its sole discretion. As used throughout this document, the term "Agreement" refers to this Distributor Application and Agreement, the 4Life Policies and Procedures, and the 4Life Compensation Plan.
3. This Agreement becomes effective on the date accepted by the Company. An executed online, facsimile or original hard-copy of this Agreement must be received by Company within thirty (30) days for me to be officially accepted as a 4Life Distributor. If the Company does not receive an executed online, facsimile or original hard-copy of this Agreement from me, I understand that this Agreement will be cancelled. I acknowledge that my signature on my online application or facsimile application shall be deemed by the Company to be my original signature. Faxed applications must include both the front and back of this Agreement.
4. Upon acceptance of this Application I understand I will become a Distributor of the Company and will be eligible to participate in the sales and distribution of the Company's goods and services and receive commissions in connection with such sales in accordance with the Company's Policies and Procedures and Compensation Plan.
5. I understand that as a Distributor I am an independent contractor; not an agent, employee or franchisee of the Company. I UNDERSTAND AND AGREE THAT I WILL NOT BE TREATED AS AN EMPLOYEE OF 4LIFE FOR FEDERAL OR STATE TAX PURPOSES, nor will I be treated as an employee for purposes of the Federal Unemployment Tax Act, Federal Insurance Contributions Act, the Social Security Act, State Unemployment Act, or State Employment Security Act. I understand and agree that I will pay all applicable federal and state income taxes, self-employment taxes, sales taxes, local taxes and/or local license fees that may become due as a result of my activities under this Agreement.
6. I understand and agree that my remuneration will consist solely of commissions, overrides and/or bonuses from the sale of 4Life products. I shall receive no commission from the mere act of enrolling others into the program, and I shall not represent to others that it is possible to receive any income simply from enrolling others in the program.
7. I agree that as a Distributor I will operate in a lawful, ethical and moral manner and will use my best efforts to promote the sale and use of the services and/or products offered by the Company to the general public. I understand that as a Distributor my conduct must be consistent with public interest and I will avoid all discourteous, deceptive, misleading or unethical practices. In addition, I agree to abide by all federal, state and local laws governing the operation of my 4Life business.
8. I understand that I am not guaranteed any income, nor am I assured any profit or success. I am free to set my own hours and determine my own location and methods of selling, within the guidelines and requirements of this Agreement. I agree that I am responsible for my own business expenses in connection with my activities as a Distributor.
9. I certify that neither the Company nor my sponsor has made any claims of guaranteed earnings or representations of anticipated earnings that might result from my efforts as a Distributor. I understand that my success as a Distributor comes from retail sales, service and the development of a marketing network. I understand and agree that I will make no statements, disclosures or representations in selling the Company's goods and services or in the sponsoring of other prospective Distributors, other than those contained in approved Company literature.
10. If I sponsor other Distributors, I agree to perform a bona-fide supervisory, distributive, selling and training function in connection with the sale of the Company's goods and services to the end user.
11. I understand and agree that the Company may make modifications to the Agreement at its sole discretion, and that all such changes shall be binding upon me. All changes to the Agreement shall become effective upon publication in official Company literature. The continuation of my 4Life business or my acceptance of bonuses or commissions shall constitute my acceptance of any and all amendments.
12. I understand that the acceptance of this Agreement does not constitute the sale of a franchise, that there are no exclusive territories granted to anyone, and that no franchise fees have been paid, nor am I acquiring any interest in a security by the acceptance of this Agreement.
13. Distributors may not assign any right nor delegate any duty arising under this agreement without the prior written consent of the Company. Any unauthorized assignment or delegation shall be voidable at the option of the Company.
14. The term of this Agreement is one year. There is an annual renewal fee which is due on each anniversary date of this Agreement. In order to ensure that a Distributor is following the "spirit" as well as the "letter" of company policies and that the distributor is operating his/her distributorship in an ethical manner consistent with the image and character of 4Life, all renewals are subject to the acceptance by the Company. Failure to renew shall result in the cancellation of my Distributor Agreement.
15. I agree to indemnify and hold the Company harmless from any and all claims, damages and expenses, including attorney's fees, arising out of my actions or conduct, and that of my employees and agents in violation of this Agreement. This agreement will be governed by and construed in accordance with the laws of the State of Utah, unless the laws of the state in which I reside expressly require the application of its laws. Except as set forth in the 4Life Policies and Procedures, or unless the laws of the state in which I reside expressly prohibit the consensual jurisdiction and venue provisions of this Agreement, in which case its laws shall govern, all disputes and claims relating to 4Life, the Distributor Agreement, the 4Life Marketing and Compensation Plan or its products and services, the rights and obligations of an independent Distributor and 4Life or any other claims or causes of action relating to the performance of either an independent Distributor or 4Life under the Agreement or the 4Life Policies and Procedures shall be settled totally and finally by arbitration in Salt Lake County, Utah, or such other location as 4Life prescribes, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration Association. The parties shall be allowed all discovery rights pursuant to the Federal Rules of Civil Procedure. If a Distributor files a claim or counterclaim against 4Life, a Distributor shall do so on an individual basis and not with any other Distributor or as part of a class action. The decision of the arbitrator shall be final and binding on the parties and may, if need be, be reduced to a judgment in any court of competent jurisdiction. Each party to the arbitration shall be responsible for its own costs and expenses of arbitration, including legal and filing fees. This agreement to arbitrate shall survive any termination or expiration of the Agreement.
16. The parties waive all rights to incidental, consequential, exemplary and punitive damages arising from any violation of the Agreement.
17. The parties consent to jurisdiction and venue before any federal or state court in Salt Lake County or Utah County, State of Utah for purposes of enforcing an award by an arbitrator or any other matter not subject to arbitration. If the law of the state in which I reside prohibits consensual jurisdiction and venue provisions for purposes of arbitration and litigation, that state's law shall govern issues relating to jurisdiction and venue.
18. I shall be subject to disciplinary sanctions as specified in the Policies and Procedures at the Company's discretion for the violation or breach of any term or provision of the Agreement. Upon the voluntary or involuntary cancellation of this Agreement, I shall lose and expressly waive, any and all rights, including property rights, to my previous downline organization and to any bonus, commission or other compensation arising from the sales generated by myself or my prior downline organization.
19. I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding.
20. The Company shall be entitled to deduct and offset from any commissions, bonuses or any other money payable to me, any amounts past due and unpaid for purchases of Company products and services, or any other money owed to the Company by me.
21. I have read this Agreement, and acknowledge receiving and reading all documents incorporated by reference, and agree to abide by and be bound by the terms contained therein.
22. Any waiver by 4Life of any breach of this Agreement must be in writing and signed by an authorized officer of 4Life. Waiver by 4Life of any breach of this Agreement by me shall not operate or be construed as a waiver of any subsequent breach.

To change Your AutoShip shipping Address or Payment Method: Submit your changes in writing to the Home Office. Please allow 10 working days for the changes to be made. **To Replace The Products in Your AutoShip:** At any time, you can complete the AutoShip portion of the Product Order/AutoShip Form and submit it to the Home Office. Please allow 10 working days for the changes to be made. **To Cancel Your AutoShip:** You may cancel your AutoShip/Backup AutoShip at any time by sending in your written request to the Home Office. Upon receipt of your request you will no longer be a participant in the AutoShip/Backup AutoShip program.

Shipping & Handling Charge: For product orders under \$300.00: Shipping charges will be equal to 6% of your wholesale total of each order (with a \$6 minimum). For product orders between \$300.00 and \$1,999.99: Shipping charges will be equal to 3% of your wholesale total of each order. For product orders of \$2,000.00 and over: Shipping charges will be equal to 1.5% of the wholesale total of each order. Express shipping is available at an additional charge. Call the 4Life order line for more information. Shipping is taxable in some states.