



TOGETHER, BUILDING PEOPLE®

9850 South 300 West
Sandy, UT 84070 USA

▶ 4LIFE RESEARCH C.S.A., LLC DISTRIBUTOR APPLICATION AND AGREEMENT

(Not for use in the U.S. market)

801-562-3600 - DISTRIBUTOR SERVICES • INTERNATIONAL@4LIFE.COM - EMAIL

801-562-3611 - FAX

Date

NEW AMENDED PHONE ENROLLMENT
 Distributor Leader4Life

Distributor ID #
For office use only

Preferred language: _____

Have you ever been a 4Life Distributor or Preferred Customer before? Yes No Old 4Life ID# _____

APPLICATION INFORMATION (Please print neatly in black ink using uppercase characters keeping all writing inside the boxes.)

Applicant or Company Name (Last First MI)

National ID #

Co-Applicant (Last First MI)

National ID #

Recognition Name (The way you would like your name to appear when being recognized.)

Country

Mailing Address

City

State / Country

Postal Code

Email

Home Phone

Work Phone

Cell Phone

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

Shipping Address

City

State / Country

Postal Code

Phone # at shipping address

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

Enroller's Name (Last First MI)

Enroller's ID #

Phone 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.)

Sponsor's Name (Last First MI)

Sponsor's ID #

Phone Number

The following declaration is required in order to fulfill 4Life's obligations under U.S. IRS Form W-8BEN:

Type of beneficial owner: Individual Corporation Disregarded entity Partnership Simple trust
 Grantor trust Complex trust Estate Government International Organization
 Central bank of issue Tax-exempt organization Private Foundation

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1. I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution;
- 2. The person named on line 1 of this form is not a U.S. person;
- 3. The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an applicable income tax treaty, or (c) the partner's share of a partnership's effectively connected income
- 4. For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

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, fax or email your completed Application and Agreement to 4Life to finalize the distributor enrollment process. **Please include a picture ID.** If your Distributor 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. ***Once submitted to 4Life, this information can only be changed with upline approval.**

4LIFE RESEARCH C.S.A., LLC INDEPENDENT DISTRIBUTOR APPLICATION TERMS AND CONDITIONS

1. In accordance with these Terms and Conditions herein, I hereby submit my Distributor Application and Agreement ("Agreement") to become an Independent Distributor (hereinafter referred to as "Distributor") with 4Life Research C.S.A., LLC (hereinafter referred to as "4Life" or the "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 Life Rewards Plan.
3. This Agreement becomes effective on the date accepted by the Company. An executed scanned, 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 products and receive commissions in connection with such sales in accordance with the Company's Policies and Procedures and Life Rewards 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 COMPANY 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 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 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 products 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 products 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 material subscription 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 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 and country 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 or country 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 Life Rewards Plan or its products, 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, 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 or country 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 4Life 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 the Company of any breach of this Agreement must be in writing and signed by an authorized officer of the Company. Waiver by the Company of any breach of this Agreement by me shall not operate or be construed as a waiver of any subsequent breach.