

LOYALTY REDEMPTION FORM

ID NUMBER : _____

DATE : _____

NAME : _____

NAME OF PRODUCT	LP	12% VAT	QTY	VAT x QTY	SURCHARGE x QTY
4Life Transfer Factor Plus® Tri-Factor® Formula	50	415.18			
4Life Transfer Factor® Tri-Factor® Formula	35	310.71			
4Life Transfer Factor® RioVida® Tri-Factor® Formula	50	455.89			527.00
4Life Transfer Factor® RioVida® Burst Tri-Factor® Formula	25	244.29			265.00
4Life Transfer Factor® Chewable	34	313.39			
4Life Transfer Factor® Cardio™	46	378.21			
4Life Transfer Factor® GluCoach™	46	378.21			
4Life Transfer Factor® Glutamine Prime™	36	294.11			
4Life Transfer Factor® KBU®	38	325.71			
4Life Transfer Factor® Malepro®	38	325.71			
4Life Transfer Factor® Recall®	40	353.04			
4Life Transfer Factor® Vista®	38	343.39			
4Life Transfer Factor® Renuvo™	40	358.93			
4Life Transfer Factor® PRO-TF™	50	514.29			527.00
Bio-EFA™	16	147.32			
Fibre System Plus™	20	190.71			265.00
Probiotics	26	225.54			
Digestive Enzymes	20	182.14			
enummi® Gentle Facial Cleanser	8	95.89			
enummi® Refreshing Toner	12	125.89			
enummi® Protective Day Moisturizer with SPF 15	25	207.32			
enummi® Night Recovery Cream	30	241.61			
enummi® Life C Energizing Serum™	25	207.32			
enummi® Intensive Lotion™	8	113.57			105.00
SUBTOTAL					
REDEMPTION FEE					+ 213.00
GRAND TOTAL					

Signature

Date

- A surcharge of Php 527 applies to each product redemption of PRO-TF™ and RioVida® Tri-Factor® Formula, Php 265 applies for RioVida® Burst Tri-Factor® Formula and Fibre System Plus™, and Php 105 applies for enummi® Intensive Lotion™. (12% vat also applies).
- Product redemption will not be processed and released unless taxes, redemption fee, and surcharge (if applicable) are paid.
- Redemption products will be released together with your next loyalty order. Pick up location and shipping method will be the same as your loyalty order.
- Distributors may only redeem products for product credits earned from their personal distributor ID No. If a distributor is unable to personally redeem their product credits, distributor needs to fill out authorization form below and SHOULD ATTACH A VALID ID OF AUTHORIZED PERSON.

I, _____ with 4Life distributor ID No. _____ is authorizing _____, whose valid ID is attached to this letter, to redeem and pick up _____ LP worth of my product credits earned from the 4Life Loyalty program.

Printed Name & Signature

Date