



ACCOUNT TRANSFER REQUEST

A Wellness Advocate may dispose of, sell, transfer, or otherwise assign his or her Distributorship assets in any manner allowed by the Contract and applicable law (including sale, gift, or bequest) with the prior written consent of the Company. Any assets that take the form of claims to compensation or satisfaction of contractual obligations, from or by the Company, will not be recognized as assets of the Transferee on the records of the Company until the Company has received written notification of the transfer and has given its formal written approval. The Distributorship transferred is subject to all remedial measures under the Contract that may have arisen prior to the transfer.

Transferor Account #

Transferee Account #

Current Account Holder Name (Transferor)

Current Co-applicant Name (if applicable)

Applicant Name (Transferee)

Co-applicant Name

TRANSFEROR TERMS AND CONDITIONS

I agree that I have read and understand Section 21.B of the Policy Manual addressing distributorship position transfers. I understand that by signing this form I am terminating my Wellness Advocate account and must wait six months (if Premier rank or lower) or twelve months (if Silver rank or higher) from the official termination date to sign up again. I understand I may not have beneficial interest (as defined in Section 4.H of the Policy Manual) in another Wellness Advocate account during this period of inactivity or the transfer may be deemed invalid. I understand that there may be a waiting period of thirty days before dōTERRA makes a determination regarding this agreement.

Signature of Transferor

Date

Co-applicant Transferor

Date

TRANSFEEE TERMS AND CONDITIONS

I agree that I have read and understand Section 21.B of the Policy Manual addressing distributorship position transfers. I certify that I am not currently a Wellness Advocate nor have I had any beneficial interest in a Wellness Advocate account for a period of at least six months (if Premier rank or lower) or twelve months (if Silver rank or higher). I agree that this transfer will not be valid, binding or enforceable until I complete, sign and deliver to the Company a Wellness Advocate Agreement, thereby agreeing to the terms and conditions of the Contract. I understand that there may be a waiting period of thirty days before dōTERRA makes a determination regarding this agreement.

Signature of Transferee

Date

Co-applicant Transferee

Date

dōTERRA Representative Approval

Title

Date

Use this page ONLY if you want to keep your same Wellness Advocate number.

OWNERSHIP FORM CHANGE ONLY

I certify that I meet all of the terms and conditions to keep my Wellness Advocate number while transferring the legal ownership from myself to my legal entity. I also agree that I will be responsible for dividing my 1099 between the two legal owners as dōTERRA will only issue one 1099 based on the tax information on file at year-end.

Current Account #

Signature of Transferor (current Wellness Advocate owner)

Signature of Transferee (new entity)

TRANSFEEE AND TRANSFEROR TERMS AND CONDITIONS

The following terms and conditions will apply to all transfers requested by a Wellness Advocate who wishes to transfer their Wellness Advocate to a controlled entity:

1. Wellness Advocate account is in good standing.
2. The Transferee entity is owned (100%) by the Transferor (or the Transferor and their respective spouse).
3. The Transferor is not a corporation for US income tax purposes (mid-year transfers only).
4. List the Transferee as a spouse.
5. Any transfer can be retroactively reversed if it is discovered that the ownership in the Transferee entity has been changed subsequent to the transfer date but prior to the calendar year-end.
6. W-9 for Transferee must be completed.
7. Business Addendum for Transferee must be completed.
8. Copy of Business License for Transferee must be attached.
9. Transferee must submit a new Wellness Advocate Agreement.