

ACCOUNT TRANSFER REQUEST-UAE



Except as otherwise provided in the Policy Manual, a Wellness Consultant may transfer their account in a manner allowed by contract with prior written consent of dōTERRA. You may use this form to request: (1) a transfer of your Wellness Consultant account; (2) a transfer to a business entity that you wholly own; or (3) to exchange the primary account holder with the existing co-applicant account holder.

TRANSFEROR

Account # _____

Current Account Holder Name _____

Current Co-applicant Name (if applicable) _____

TRANSFEEE

Account # (if transferring to another member) _____

Applicant's Name _____

Co-Applicant's Name (if applicable) _____

Owner of Entity (if transferring to a business entity) _____

REASON FOR REQUEST:

Please select the option that applies:

- Option 1:** I request to transfer my account to another member and terminate as a Wellness Consultant
Yes / No I would like to create a Wholesale Customer account (please circle option that applies)
- Option 2:** I request to transfer my account to a business entity that I wholly own
- Option 3:** I desire to exchange my position as primary account holder to the co-applicant account holder

TRANSFEROR TERMS AND CONDITIONS

I request to transfer my account and agree to the following terms. I agree that there may be a waiting period of 30 days before dōTERRA makes a determination regarding this request, that approval of the transfer is within dōTERRA's sole discretion, and that the requested transfer will not be effective without dōTERRA's approval.

Upon dōTERRA's approval of this transfer request, I release all rights and privileges to my Wellness Consultant account, including but not limited to the sponsor and enrollership rights connected with the current downline as well as any associated Bonuses. If transferring the account to another member, I also agree that I must wait six months (if Premier rank or lower) or twelve months (if Silver rank or higher) from the official transfer date to create, or upgrade to, a Wellness Consultant account. Upon dōTERRA's approval of this transfer request, I convey my Wellness Consultant account in accordance to my selection.

If electing to create a dōTERRA Wholesale Customer Account, I agree to the terms and conditions of the Wholesale Customer agreement.

If transferring to my wholly owned business entity, on behalf of my business entity, I agree to the terms and conditions of the Wellness Consultant agreement and Policy Manual applicable to the country in which my Wellness Consultant account is located.

Signature of Transferor _____

Date _____

Co-applicant Transferor _____

Date _____

TRANSFEEE TERMS AND CONDITIONS

I certify that I have agreed to the terms and conditions of the Wellness Consultant agreement and the Policy Manual applicable to the country in which the account is located. I further certify that I have no beneficial interest in any dōTERRA account other than the account disclosed in the Transferee section of this form. I agree to submit all relevant tax forms, including business entity withholding tax documentation, as part of this application. If transferring to a business entity that I own, I understand that I will be responsible for complying with all the applicable tax regulations. I understand that there may be a waiting period of 30 days before dōTERRA makes a determination regarding this Account Transfer Request, that approval of the transfer is within dōTERRA's sole discretion, and that the requested transfer will not be effective without dōTERRA's approval.

Signature of Transferee _____

Date _____

Co-applicant Transferee _____

Date _____