

Except as otherwise provided in the Policy Manual, a Wellness Advocate 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 Advocate 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	TRANSFeree	
Account #	Account #	Applicant's Name
Current Account Holder Name	Co-Applicant's Name <i>(if applicable)</i>	Owner of Entity <i>(if transferring to a business entity)</i>
Current Co-applicant Name <i>(if applicable)</i>		

OPTIONS

Please select the option that applies:

- Option 1:** I request to transfer my account to another member and terminate as a Wellness Advocate
 - Yes** **No** I would like to create a Wholesale Customer account *(please check the box 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

REASON FOR REQUEST

TRANSFEROR TERMS AND CONDITIONS

I request that you to transfer my account and agree to the following terms. I understand there may be a waiting period of up to thirty (30) days before dōTERRA decides on this request. Approval is at dōTERRA's sole discretion, and the transfer will only take effect with the Company's consent. In reviewing this Account Transfer, dōTERRA may consider several factors, including: whether the transferor is currently in their original placement, whether the transferee is active, whether the transferee is in the same placement as the transferor or eligible to be placed with the same enroller and sponsor, and whether the Transferor or Transferee are in compliance with dōTERRA's Policies and Procedures.

If dōTERRA approves this transfer, I release all rights to my Wellness Advocate account, including sponsor and enrollership rights for the current downline, commissions, Bonuses, personal growth volume (PGV) and team growth volume (TGV). If I transfer my account to another member, I agree to wait six (6) months (if my rank is Premier or lower) or twelve (12) months (if Silver or higher) from the official transfer date before creating or upgrading to a Wellness Advocate account. Once approved, I transfer my Wellness Advocate account as indicated by my selection.

If I choose to create a dōTERRA Wholesale Customer account, I agree to the Terms and Conditions of the Wholesale Customer agreement for the country where my Wellness Advocate account was located. If I transfer my account to my wholly owned business entity, I agree, on behalf of my business entity, to the Terms and Conditions of the Wellness Advocate Agreement and Policy Manual for the country where my account is located.

Signature of Transferor	Date	Co-Applicant Transferor	Date
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TRANSFEEE TERMS AND CONDITIONS

I certify that I have agreed to the terms and conditions of the Wellness Advocate 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 dividing my applicable tax reporting between the two entities as dōTERRA will issue one tax document at the end of the year. I understand that there may be a waiting period of thirty (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
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