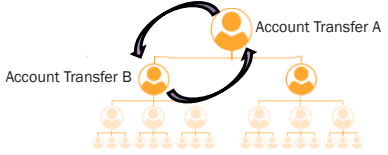


As provided in Section 17 of the dōTERRA Canada Policies and Procedures, except as otherwise noted in the Policies and Procedures a Wellness Advocate may dispose of, sell, transfer, or otherwise assign his or her Distributorship assets in any manner allowed by the Contract and applicable law (including sale, gift, or bequest) with the prior written consent of the Company. This policy regarding Account Transfers applies to requests involving the swapping of accounts. A swap is two Account Transfers involving a Sponsor and a Wellness Advocate in their immediate downline (frontline) in which they exchange positions in the organization and in so doing release all rights, privileges, and responsibilities associated with each position. **Swap requests are contingent upon approval from the Company's Exception Committee and must be submitted with all of the accompanying forms signed and completed.**

Account Transfer A
(current upline)

Account # _____ Account Holder _____

Co-Applicant Name (if applicable) _____



Note: Account Transfer B must be directly sponsored by Account Transfer A. Crossline Swaps and Swaps across multiple levels are not permitted.

Account Transfer B
(current downline)

Account # _____ Account Holder _____

Co-Applicant Name (if applicable) _____

Detailed description of reason for request:

TERMS AND CONDITIONS

I understand and agree that if the Company approves my requested swap, I am voluntarily relinquishing my current position and hereby release all rights and privileges associated with my current downline, including but not limited to the sponsor and enrollership rights associated with my current downline. I agree that if the Company approves my request, I will be placed into the member's position with whom I am swapping, and I will assume the sponsor and enrollership rights and responsibilities currently held by that individual. I also certify that I have not had beneficial interest in the position that I will be swapping into in a manner that would violate dōTERRA Canada policies, including controlling or operating that account. I agree to abide by the terms of the dōTERRA Canada Policies and Procedures and understand that there may be a waiting period before dōTERRA makes a determination regarding this request.

Signature of Account Transfer A _____ Date _____ Co-applicant _____ Date _____

Signature of Account Transfer B _____ Date _____ Co-applicant _____ Date _____

Initials of Enrollment tree three levels up: _____

Initials of Placement tree seven levels up: _____

