

# ACCOUNT TRANSFER REQUEST

**Terms defined in dōTERRA's Marketing Plan, Code of Ethics and Sales Compensation Plan (collectively "Policy Manual") shall have the same meaning in this Account Transfer Request form.**

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	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 Advocate  
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 Advocate 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 Advocate account. Upon dōTERRA's approval of this transfer request, I convey my Wellness Advocate 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 Advocate agreement and Policy Manual applicable to the country in which my Wellness Advocate 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 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 complying with all the applicable tax regulations in the country where the account is located. 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