

Please allow 30 days from submission of this Application for the decision of the Exception Committee.

Section 9 of dōTERRA's Policy Manual addresses placement changes of Wellness Advocates. Except for situations outlined in the Policy Manual, placement changes must be approved in writing by the Company's Exception Committee. Before authorizing a placement change, the Company will consider factors such as the activity of the Wellness Advocate to be moved; whether the Wellness Advocate to be moved obtains the necessary written consent; whether rank advancement occurs due to the movement; whether there will be a change in historical bonus payments; whether a Wellness Advocate has breached its Contract; the effect of the proposed change on an Organization; and any other relevant factors. Please understand that placement changes outside of 14 calendar days of a new Wellness Advocate's sign-up are typically denied.

**Exceptions should be rare and cannot affect Power of 3 Sales Bonus or Rank qualifications.**

\_\_\_\_\_  
Name of *current* Enroller

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name of *current* Sponsor (if different)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name of Wellness Advocate to be moved

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name of *proposed* Sponsor and/or Enroller

\_\_\_\_\_  
Account Number

Sponsor Move                       Enroller Move

Detailed description of desired placement move, including reason for request:

I acknowledge and agree with dōTERRA's Placement Policy and hereby agree to abide by and accept as final the decision of dōTERRA's Exception Committee. I also understand and agree that the submission of this Application is not the Company's acceptance of the requested change and that the Company will consider whether the Wellness Advocate to be moved obtains written consent of the Enrollers who are three levels above the Wellness Advocate and the Sponsors who are seven levels above the Wellness Advocate (see page 2).

\_\_\_\_\_  
Signature of Wellness Advocate to be moved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of current Enrolling Sponsor

\_\_\_\_\_  
Date

Initials of Enrollment tree three levels up: \_\_\_\_\_

Initials of Sponsor tree seven levels up: \_\_\_\_\_



dōTERRA has preliminarily and conditionally approved this Application, subject to the Company's consideration of whether the Wellness Advocate to be moved obtains written consent of the Enrollers who are three levels above the Wellness Advocate, and the Sponsors who are seven levels above the Wellness Advocate.

\_\_\_\_\_  
Authorized Company Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Section 9(c) of dōTERRA's Policy Manual addresses placement changes after fourteen (14) days of signup and considers, among other factors, whether the Wellness Advocate to be moved obtains written consent of the Enrollers who are three levels above the Wellness Advocate and the Sponsors who are seven levels above the Wellness Advocate.

I have reviewed this Application, understand the proposed changes, and give my consent for the Company to approve the proposed change(s):

Enrollment Tree

Sponsor Tree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Signature

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Date

**Given the vast changes that can occur in an organization over time, please note that signatures expire after 4 months from the date signed.**