

As provided in Section 21.B of the Policy Manual, except as otherwise noted in the Policy Manual 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. Any assets that take the form of claims to compensation or satisfaction of contractual obligations, from or by the Company, will not be recognized as assets of the transferee on the records of the Company until the Company has received written notification of the transfer and has given its formal written approval.

TRANSFEROR	_____	_____
	Current Account #	Current Account Holder Name (Transferor)
	_____	Current Co-applicant Name (if applicable)

TRANSFEEE	_____	_____
	Applicant's Account #	Applicant's Name
	_____	_____
	Enrollment Date	Co-Applicant's Name (if applicable)
_____	_____	
Upgrade Date (if applicable)		

### TRANSFEROR TERMS AND CONDITIONS

I agree that I have read and understand Section 21.B of the Policy Manual addressing distributorship position transfers. I understand and agree to the terms accompanying the two options outlined below.

- I am transferring and would like to keep a Wholesale Customer account**  
 I understand and agree that upon the Company's approval, I hereby transfer my Wellness Advocate account and release all my rights and privileges to my Wellness Advocate account, including but not limited to the sponsor and enrollership rights associated with my current down-line. I understand that I will not be able to earn Bonuses, now or in the future on purchases made by these members. In opting to maintain a Wholesale Customer account, I agree to the terms and conditions of the Wholesale Customer agreement located at [www.doterra.com](http://www.doterra.com). I understand that as a Wholesale Customer, I will remain in my current placement and may maintain my current Loyalty Program status. I also understand that I must wait at least six months (if Premier rank or lower) or twelve months (if Silver rank or higher) to create, or upgrade to, a Wellness Advocate account should I decide to do so in the future. I further understand I may not have a beneficial interest in another Wellness Advocate account.
- I am transferring and would like to terminate my account**  
 I understand that by signing this form I am terminating my Wellness Advocate account and must wait six months (if Premier rank or lower) or twelve months (if Silver rank or higher) from the official termination date to sign up again. I further understand I may not have a beneficial interest in another Wellness Advocate account. I understand that there may be a waiting period of thirty days before dōTERRA makes a determination regarding this agreement.

_____	_____	_____	_____
Signature of Transferor	Date	Co-applicant Transferor	Date

### TRANSFEEE TERMS AND CONDITIONS

I have read and understand Section 21.B of the Policy Manual addressing distributorship position transfers. I certify that I have become a Wellness Advocate within the last 24 hours and have agreed to the terms and conditions of the Wellness Advocate Agreement. I also certify that I have not had any beneficial interest in the transferring account or any other Wellness Advocate account. I agree to abide by the terms of the Policy Manual and understand that there may be a waiting period before dōTERRA makes a determination regarding this request.

_____	_____	_____	_____
Signature of Transferee	Date	Co-applicant Transferee	Date

_____	_____	_____
dōTERRA Representative Approval	Title	Date

Use this page ONLY if you want to keep your same Wellness Advocate number.

### OWNERSHIP FORM CHANGE ONLY

I certify that I meet all of the terms and conditions to keep my Wellness Advocate number while transferring the legal ownership from myself to my legal entity. I also agree that I will be responsible for dividing my 1099 between the two legal owners as dōTERRA will only issue one 1099 based on the tax information on file at year-end.

\_\_\_\_\_  
Current Account #

\_\_\_\_\_  
Signature of Transferor (current Wellness Advocate owner)

\_\_\_\_\_  
Signature of Transferee (new entity)

### TRANSFEEE AND TRANSFEROR TERMS AND CONDITIONS

The following terms and conditions will apply to all transfers requested by a Wellness Advocate who wishes to transfer their Wellness Advocate account to an entity:

1. Wellness Advocate account is in good standing.
2. The Transferee entity is owned (100%) by the Transferor (or the Transferor and their respective spouse).
3. The Transferor is not a corporation for US income tax purposes (mid-year transfers only).
4. List the Transferee as a spouse.
5. Any transfer can be retroactively reversed if it is discovered that the ownership in the Transferee entity has been changed subsequent to the transfer date but prior to the calendar year-end.
6. W-9 for Transferee must be completed.
7. Business Addendum for Transferee must be completed.
8. Copy of Business License for Transferee must be attached.
9. Transferee must submit a new Wellness Advocate Agreement.