

Distributor ID# _____ New Distributorship Amended Distributorship

DIRECTIONS:

1. Complete this agreement to supplement your application for an independent Distributorship if operating as a Business Entity OR if there is more than one individual applying to become an additional party to the Distributorship.
2. Please note that even if your Business Entity has a Federal Employer's Identification Number, you must still provide the Social Security Number of every other participant of the Business Entity. LifeVantage will only accept Social Security Numbers. An Individual Tax Identification Number or similar ID numbers does not authorize you to work in the United States and will not be accepted by LifeVantage.
3. **Mail to: LifeVantage, 9785 S. Monroe Street, Suite 300, Sandy, UT 84070**
4. The meaning of capitalized terms not found in this form is set forth in the Policies and Procedures.

PLEASE TYPE OR PRINT CLEARLY USING DARK INK

_____ Federal Employer Identification Number

This business organization is a Partnership Corporation Other (describe) _____

_____ Name of Business Entity (to appear on all correspondence)

_____ Business Address _____ City/State _____ Zip Code _____ Daytime Telephone _____

_____ Mailing or Shipping Address (if different than Business Address.) _____ State of incorporation/organization _____ Date of incorporation/organization _____

List the Primary Participant of the Distributorship and all other individuals who (i) are applying to be Distributors under the Distributorship, or (ii) have an interest in the Business Entity (e.g., member, partner, director, officer, shareholder, or other position): All signatures below affirm that each of the signing parties is either (i) an individual who is applying to become an additional party to a Distributorship or (ii) an individual with an interest or position in this Business Entity, who has read and accepted all of the terms and conditions detailed in the Contract, and that the Business Entity, and each individual, will comply with the terms and conditions of the Contract. **THE PRIMARY PARTICIPANT IS AN AUTHORIZED AGENT OF THE BUSINESS ENTITY AND DISTRIBUTORSHIP, HAS BEEN FORMALLY AUTHORIZED TO SIGN AND EXECUTE CONTRACTS ON ITS BEHALF, AND LIFEVANTAGE MAY RELY AND ACT ON ANY INFORMATION PROVIDED BY THE PRIMARY PARTICIPANT. ATTACH A SEPARATE SHEET CONTAINING THE SIGNATURE AND DATES OF ADDITIONAL PARTICIPANTS IF NECESSARY.**

_____ Primary Participant (Last, First, Middle) _____ Title _____ Date _____

_____ Social Security Number _____ Signature _____

_____ Name (Last, First, Middle) _____ Title _____ Date _____

_____ Social Security Number _____ Signature _____

_____ Name (Last, First, Middle) _____ Title _____ Date _____

_____ Social Security Number _____ Signature _____

_____ Name (Last, First, Middle) _____ Title _____ Date _____

_____ Social Security Number _____ Signature _____

This Form must be accompanied by a Distributor Agreement and a copy of each of the following: 1) company formation documents (for example, articles of incorporation, or articles of organization); 2) corporate governing documents (for example, bylaws, operating agreement, LLC agreement, etc.) verifying ownership of the business entity and that the primary participant is an authorized agent of the business entity. All future changes to this Business Entity must be submitted in writing and must include the names and signatures of all original parties. The Company reserves the right to accept or reject any application to become an independent Distributor.