

DISTRIBUTOR APPLICATION AND AGREEMENT

(888) 454-3374 - Distributor Services & Product Order Line
 (800) 851-7662 - Corporate Fax

New Amended Phone Sponsor

Distributor ID# _____

APPLICATION INFORMATION *Please use a pen and press hard so all copies are clear.*

Date _____

Applicant or Company Name (Last/First/MI) _____
 Social Security # or Fed ID# _____

Co-Applicant (Last/First/MI) _____
 Social Security # _____

Street Address _____ City _____ State _____ Zip _____

County _____ Please Check Applicable Box: Outside City Limits Inside City Limits Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____ Fax Number _____

DISTRIBUTOR SHIPPING ADDRESS *(Please complete if shipping address is different than mailing address.)*

E-mail Address _____

Street Address _____ City _____ County _____ State _____ Zip _____

Please Check Applicable Box: Outside City Limits Inside City Limits
 Phone Number at shipping address _____

ENROLLER INFORMATION* *(Person who enrolled you in 4Life™)*

Enroller's Name (Last/First/MI) _____ Enroller's ID # _____

Telephone Number (760) 489-4441 Fax Number (760) 746-1558

SPONSOR INFORMATION* *(APPLICANT: Your direct upline link) (ENROLLER: You have the option of placing this applicant on a level other than your first level)*

Sponsor's Name (Last/First/MI) _____ Sponsor's ID # _____

Telephone Number _____ Fax Number _____

PAYMENT INFORMATION *(for Distributor Business Success Kit)*

Discover (Preferred) MC Visa AmEx Check (Order sent upon receipt of check) Electronic Bankdraft (Order will be delayed 5 business days. Please include a voided check.)

Credit Card # _____ Expiration Date _____ Account Number for Bankdraft _____

Name on Card _____ Routing Number for Bankdraft _____

Deduct my annual renewal fee on each anniversary date of this Application from my bonus check or commissions. This will ensure that I do not inadvertently forget to renew and lose my rights as a 4Life Independent Distributor.

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name (Last/First/MI) _____ Individual/Sole Proprietor Corporation

Business Name (if different from Name) _____ Partnership Exempt from back-up withholding

Street Address _____ Other _____

City _____ State _____ Zip _____

PART I – Taxpayer Identification Number (TIN)	PART II – Certification
<p>Enter your TIN on the appropriate line. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor or disregarded entity, see the Part I Instructions. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN in the enclosed instructions.</p> <p>Note: <i>If the account is in more than one name, see the chart in the enclosed instructions for guidelines on whose number to enter.</i></p> <p>Social Security Number _____ or Employer Identification Number _____</p> <p>Purpose of Form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt or contributions you made to an IRA.</p>	<p>Under penalties of perjury, I can certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions.)</p>

I certify that I am of legal age (the age of majority) for the state in which I reside. I have carefully read the terms and conditions on the back of this Application and Agreement, the 4Life Policies and Procedures and the 4Life Compensation Plan and agree to abide by all terms set forth in these documents. Additionally, I agree that I have completed the W-9 Request for Taxpayer Identification Number and Certification honestly and to the best of my knowledge. I hereby confirm that my signing of this application does not violate any other agreements or contracts to which I am a party. A PARTICIPANT IN THIS MULTILEVEL MARKETING PLAN HAS A RIGHT TO CANCEL AT ANY TIME, REGARDLESS OF REASON. CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL PLACE OF BUSINESS WITHIN 3 BUSINESS DAYS AFTER THE DATE OF THIS TRANSACTION.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

DEMOGRAPHIC INFORMATION *By completing this optional information, you will receive a \$5.00 coupon that can be applied towards your next product order.*

Please check applicable boxes: GENDER: Male Female AGE: 18-30 31-40 41-50 51+

MARITAL STATUS: Single Married NUMBER OF CHILDREN: Under 12 yrs. _____ 12-18 yrs. _____ Over 18 yrs. _____

EDUCATIONAL LEVEL: (Highest level you have completed) High School Associates Degree Bachelors Degree Masters Degree Doctorate

REASONS FOR JOINING 4LIFE: Products Financial Opportunity Personal Health Concerns

HOBBIES: 1. _____ 2. _____ 3. _____

PREFERRED LANGUAGE: English Spanish Polish Korean Japanese Other _____

Please mail or fax your completed Application and Agreement to 4Life to finalize the distributor enrollment process. If your Application and Agreement is not received within 30 days of enrollment, your Distributorship shall automatically be converted to a Customer status and you will no longer be eligible for bonuses or commissions.

*This information can only be changed within 10 days of enrollment without receiving upline approval.

INSTRUCTIONS FOR COMPLETING W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

PURPOSE OF FORM

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities.

PENALTIES

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

SPECIFIC INSTRUCTIONS

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter you business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

PART I - TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN on the appropriate line.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter in the social security number box. If you do not have a ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: *see the chart on this page for further clarification of name and TIN combinations.*

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payment. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

PART II - CERTIFICATION

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give you correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and healthcare services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contribution or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

PRIVACY ACT NOTICE

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

WHAT NAME AND NUMBER TO GIVE THE REQUESTER

For this type of account:	Give name and SSN of:	For this type of account:	Give name and EIN of:
1. Individual	The individual	6. Sole proprietorship	The owner ³
2. Two or more individuals (joint account)	The account owner of the account or, if combined finds, the first individual on the account ¹ The minor ²	7. A valid trust, estate, or pension trust	Legal entity ⁴
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²	8. Corporate	The corporation
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹	9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹	10. Partnership	The partnership
5. Sole proprietorship	The owner ³	11. A broker or registered nominee	The broker or nominee
		12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

4LIFE™ RESEARCH, LC INDEPENDENT DISTRIBUTOR TERMS AND CONDITIONS

1. In accordance with the terms and conditions herein, I hereby submit my Distributor Application and Agreement to become an Independent Distributor, (hereinafter referred to as "Distributor") with 4Life™ Research, LC. (hereinafter referred to as "Company"):
2. The 4Life™ Policies and Procedures and the 4Life™ Compensation Plan are incorporated by reference into the terms and conditions of this agreement, in their current form and as amended by 4Life™ at its sole discretion. As used throughout this document, the term "Agreement" refers to this Distributor Application and Agreement, the 4Life™ Policies and Procedures, and the 4Life™ Compensation Plan.
3. This Agreement becomes effective on the date accepted by the Company. Agreements submitted by facsimile will be temporarily accepted; however, the original must be received by the Company within thirty (30) days for me to be officially accepted as a 4Life™ Distributor.
4. Upon acceptance of this Application I understand I will become a Distributor of the Company and will be eligible to participate in the sales and distribution of the Company's goods and services and receive commissions in connection with such sales in accordance with the Company's Policies and Procedures and Compensation Plan.
5. I understand that as a Distributor I am an independent contractor; not an agent, employee or franchisee of the Company. I UNDERSTAND AND AGREE THAT I WILL NOT BE TREATED AS AN EMPLOYEE OF 4LIFE™ FOR FEDERAL OR STATE TAX PURPOSES, nor will I be treated as an employee for purposes of the Federal Unemployment Tax Act, Federal Insurance Contributions Act, the Social Security Act, State Unemployment Act, or State Employment Security Act. I understand and agree that I will pay all applicable federal and state income taxes, self-employment taxes, sales taxes, local taxes and/or local license fees that may become due as a result of my activities under this Agreement.
6. I understand and agree that my remuneration will consist solely of commissions, overrides and/or bonuses from the sale of 4Life™ products. I shall receive no commission from the mere act of enrolling others into the program, and I shall not represent to others that it is possible to receive any income simply from enrolling others in the program.
7. I agree that as a Distributor I will operate in a lawful, ethical and moral manner and will use my best efforts to promote the sale and use of the services and/or products offered by the Company to the general public. I understand that as a Distributor my conduct must be consistent with public interest and I will avoid all discourteous, deceptive, misleading or unethical practices. In addition, I agree to abide by all federal, state and local laws governing the operation of my 4Life™ business.
8. I understand that I am not guaranteed any income, nor am I assured any profit or success. I am free to set my own hours and determine my own location and methods of selling, within the guidelines and requirements of this Agreement. I agree that I am responsible for my own business expenses in connection with my activities as a Distributor.
9. I certify that neither the Company nor my sponsor has made any claims of guaranteed earnings or representations of anticipated earnings that might result from my efforts as a Distributor. I understand that my success as a Distributor comes from retail sales, service and the development of a marketing network. I understand and agree that I will make no statements, disclosures or representations in selling the Company's goods and services or in the sponsoring of other prospective Distributors, other than those contained in approved Company literature.
10. If I sponsor other Distributors, I agree to perform a bona-fide supervisory, distributive, selling and training function in connection with the sale of the Company's goods and services to the end user.
11. I understand and agree that the Company may make modifications to the Agreement at its sole discretion, and that all such changes shall be binding upon me. All changes to the Agreement shall become effective upon publication in official Company literature. The continuation of my 4Life™ business or my acceptance of bonuses or commissions shall constitute my acceptance of any and all amendments.
12. I understand that the acceptance of this Agreement does not constitute the sale of a franchise, that there are no exclusive territories granted to anyone, and that no franchise fees have been paid, nor am I acquiring any interest in a security by the acceptance of this Agreement.
13. Distributors may not assign any right nor delegate any duty arising under this agreement without the prior written consent of the Company. Any unauthorized assignment or delegation shall be voidable at the option of the Company.
14. The term of this Agreement is one year. There is an annual renewal fee which is due on each anniversary date of this Agreement. In order to ensure that a Distributor is following the "spirit" as well as the "letter" of company policies and that the distributor is operating his/her distributorship in an ethical manner consistent with the image and character of 4Life™, all renewals are subject to the acceptance by the Company. Failure to renew shall result in the cancellation of my Distributor Agreement. If an applicant elects to participate in the Automatic Renewal Plan, the Company will automatically charge the credit card listed on the front of this application on each anniversary date of the Agreement.
15. I agree to indemnify and hold the Company harmless from any and all claims, damages and expenses, including attorney's fees, arising out of my actions or conduct, and that of my employees and agents in violation of this Agreement. This agreement will be governed by and construed in accordance with the laws of the State of Utah, unless the laws of the state in which I reside expressly require the application of its laws. Except as set forth in the 4Life™ Policies and Procedures, or unless the laws of the state in which I reside expressly prohibit the consensual jurisdiction and venue provisions of this Agreement, in which case its laws shall govern, all disputes and claims relating to 4Life™, the Distributor Agreement, the 4Life™ Marketing and Compensation Plan or its products and services, the rights and obligations of an independent Distributor and 4Life™ or any other claims or causes of action relating to the performance of either an independent Distributor or 4Life™ under the Agreement or the 4Life™ Policies and Procedures shall be settled totally and finally by arbitration in Salt Lake County, Utah, or such other location as 4Life™ prescribes, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration Association. The parties shall be allowed all discovery rights pursuant to the Federal Rules of Civil Procedure. If a Distributor files a claim or counterclaim against 4Life™, a Distributor shall do so on an individual basis and not with any other Distributor or as part of a class action. The decision of the arbitrator shall be final and binding on the parties and may, if need be, be reduced to a judgment in any court of competent jurisdiction. Each party to the arbitration shall be responsible for its own costs and expenses of arbitration, including legal and filing fees. This agreement to arbitrate shall survive any termination or expiration of the Agreement.
16. The parties waive all rights to incidental, consequential, exemplary and punitive damages arising from any violation of the Agreement.
17. The parties consent to jurisdiction and venue before any federal or state court in Salt Lake County or Utah County, State of Utah for purposes of enforcing an award by an arbitrator or any other matter not subject to arbitration. If the law of the state in which I reside prohibits consensual jurisdiction and venue provisions for purposes of arbitration and litigation, that state's law shall govern issues relating to jurisdiction and venue.
18. I shall be subject to disciplinary sanctions as specified in the Policies and Procedures at the Company's discretion for the violation or breach of any term or provision of the Agreement. Upon the voluntary or involuntary cancellation of this Agreement, I shall lose and expressly waive, any and all rights, including property rights, to my previous downline organization and to any bonus, commission or other compensation arising from the sales generated by myself or my prior downline organization.
19. I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding.
20. The Company shall be entitled to deduct and offset from any commissions, bonuses or any other money payable to me, any amounts past due and unpaid for purchases of Company products and services, or any other money owed to Company by me.
21. I have read this Agreement, and acknowledge receiving and reading all documents incorporated by reference, and agree to abide by and be bound by the terms contained therein.
22. Any waiver by 4Life™ of any breach of this Agreement must be in writing and signed by an authorized officer of 4Life™. Waiver by 4Life™ of any breach of this Agreement by me shall not operate or be construed as a waiver of any subsequent breach.