



9850 South 300 West  
Sandy, Utah 84070  
www.4-life.com

# 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.

Applicant or Company Name (Last/First/MI) \_\_\_\_\_

Co-Applicant (Last/First/MI) \_\_\_\_\_

Street Address \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Please Check Applicable Box:  Outside City Limits  Inside City Limits

Outside City Limits  Inside City Limits

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security # or Fed ID# \_\_\_\_\_

Social Security # \_\_\_\_\_

## 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 \_\_\_\_\_

Fax Number \_\_\_\_\_

## 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 Membership fee)

**MEMBERSHIP FEE \$15.00 USD**

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-8BEN CERTIFICATE OF FOREIGN STATUS OF BENEFICIAL OWNER- For United States Tax Withholding

Part I Identification of Beneficial Owner	Part II Claim of Tax Treaty Benefits
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Estate <input type="checkbox"/> Complex trust <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	<input type="checkbox"/> The beneficial owner is a resident of..... within the meaning of the income tax treaty between the United States and that country
Part IV Certifications	

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

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.

## 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.