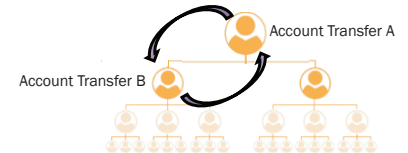


As outlined in the Policy Manual, except as otherwise noted in the Policy Manual a Wellness Advocate may dispose of, sell, transfer, or otherwise assign his or her Distributorship assets in any manner allowed by the Contract and applicable law (including sale, gift, or bequest) with the prior written consent of the Company. This policy regarding Account Transfers applies to requests involving the swapping of accounts. A swap is two Account Transfers involving a Sponsor and a Wellness Advocate in their immediate downline (frontline) in which they exchange positions in the organization and in so doing release all rights, privileges, and responsibilities associated with each position. **All Swap requests must be submitted with completed signatures and are contingent upon Company approval.**

Account Transfer A
(current upline)

Account # _____ Account Holder _____
Co-Applicant Name (if applicable) _____



Note: Account Transfer B must be directly sponsored by Account Transfer A. Crossline Swaps and Swaps across multiple levels are not permitted.

Account Transfer B
(current downline)

Account # _____ Account Holder _____
Co-Applicant Name (if applicable) _____

Detailed description of reason for request:

TERMS AND CONDITIONS

I understand and agree that if the Company approves my requested swap, I am voluntarily relinquishing my current position and hereby release all rights and privileges associated with my current downline, including but not limited to the sponsor and enrollership rights associated with my current downline. I agree that if the Company approves my request, I will be placed into the member's position with whom I am swapping, and I will assume the sponsor and enrollership rights and responsibilities currently held by that individual, just as they will assume mine. I also certify that I have not had beneficial interest in the position that I will be swapping into in a manner that would violate dōTERRA policies, including controlling or operating that 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 Account Transfer A _____ Date _____ Co-applicant _____ Date _____

Signature of Account Transfer B _____ Date _____ Co-applicant _____ Date _____

ENROLLER APPROVAL

I understand that this Swap may impact my qualifications in the Compensation Plan and I approve this Swap.

Signature of Enroller (Account Transfer A) _____ Date _____

Signature of Enroller (Account Transfer B) _____ Date _____