



A Distributor 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. The Distributorship transferred is subject to all remedial measures under the Contract that may have arisen prior to the transfer.

Current Account Holder Name (Transferor) _____

Current Co-applicant Name (if applicable) _____

Applicant Name (Transferee) _____

Co-applicant Name _____

Transferee Account # _____

Transferor Account # _____

ACCOUNT TRANSFER REQUEST

TRANSFEROR TERMS AND CONDITIONS

I agree that I have read and understand the Policy Manual addressing distributorship position transfers. I certify that I am not currently a Distributor nor have I had any beneficial interest in a New U Life account for a period of at least six months. I agree that this transfer will not be valid, binding or enforceable until I complete, sign and deliver to the Company a Wellness Advocate Agreement, thereby agreeing to the terms and conditions of the Contract. I understand that there may be a waiting period of thirty days before New U Life makes a determination regarding this agreement.

TRANSFEEE TERMS AND CONDITIONS

I agree that I have read and understand the Policy Manual addressing distributorship position transfers. I understand that by signing this form I am terminating my account and must wait six months from the official termination date to sign up again. I understand I may not have beneficial interest in another Distributor account during this period of inactivity or the transfer may be deemed invalid. I understand that there may be a waiting period of thirty days before New U Life makes a determination regarding this agreement.

Signature of Transferor _____ Date: _____

Co-applicant Transferor _____ Date: _____

Signature of Transferee _____ Date: _____

Co-applicant Transferee _____ Date: _____