



Distributor Modification Form

Please make a copy of this original and retain it for future use. Fill out the copy and mail it to the address listed below or fax it to 801.409.8079

[FORM 113 US]

Applicant Information

Date: month day year
 / /

| | | | |
|--|-----|---|----------------|
| Applicant's Last Name (Please Print) If business, business name. | | First Name If business, representative's name | |
| Distributor ID # | | | |
| address (street) | | city | state zip |
| phone | fax | mobile (not required) | email address |
| upline sponsor ID# | | recruiting sponsor ID# | |
| Check Appropriate Boxes: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Joint Applicants <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ | | | |
| * If you select Partnership, LLC, or Corporation please fill out a "Statement of Beneficial Interest Form" [FORM 105 US] and fax it in with this Application. | | | |

Co-applicant Registration/Change Relationship

| | | | |
|--|-------------------|---|--------------|
| Please check the appropriate box <input type="checkbox"/> Register co-applicant <input type="checkbox"/> Terminate co-applicant | Co-applicant Name | Co-applicant date of birth mo day yr | Relationship |
| Co-applicant Signature (required) | | Date mo day yr | |

Account Name Change/Representative, Co-applicant Change

| | | |
|--|---------------------------|-----------------|
| Please check the appropriate box | | mo day yr |
| <input type="checkbox"/> Account Name Change | Name (new name) | Date of Birth |
| ※ When changing the Account Holder, please arrange for the change in bonus deposit account. ※ If Account Holder changes address, please file for a change of address. ※ Please enclose a copy of an identification form (driver's license, insurance card, birth certificate). | | |
| <input type="checkbox"/> Representative/Co-applicant change | Name (new representative) | Date of Birth |
| | Name (new Co-applicant) | Relationship |
| ※ Representatives & Co-applicant change may only be made among spouses or parent/child relationships. | | |
| I certify to the above | | mo day yr |
| Signature | | Date |