

TRANSFER OF DISTRIBUTORSHIP FORM

For assistance, please call Customer Experience at 888-898-8551. Forms can be submitted by email at support@amare.com or by fax at 888-896-9661.

I. Distributorship to be transferred:	
Current Distributor Name:	Amare ID:
II. Type of transfer (check one):	
<input type="checkbox"/> 4.6/15.1 Change Ownership from Individual to Business Entity – Section IV <input type="checkbox"/> 15.7 Transfer Ownership – Section V <input type="checkbox"/> 15.8 Divorce or Relinquishing Ownership – Section VI <input type="checkbox"/> 15.9 Succession - Death or Incapacity – Section VII	
<p>Policy Manual</p> <p>4.5: A corporation, partnership, LLC, or trust (collectively referred to as a “Business Entity”) may apply to be an Amare Global Wellness Partner. This Wellness Partner business and position will remain temporary until the proper documents are submitted. The Business Entity must submit one of the following documents: Certificate of Incorporation, Articles of Organization, Partnership Agreement or appropriate Trust documents.</p> <p>15.1: An Amare Global Wellness Partner may modify his or her existing Wellness Partner Agreement (i.e., change a social security number to a Federal ID number, add a Spouse or partner to the account, or change the form of ownership from an individual to a Business Entity owned by the Wellness Partner) by submitting a written request, accompanied by the appropriate forms and agreements.</p> <p>15.7: An Amare Global Wellness Partner may not transfer, assign or delegate his or her position as a Wellness Partner without prior written approval by Amare Global. Any attempted transfer or delegation without such approval may be voided at the discretion of Amare Global.</p> <p>15.8: A relinquishing Spouse, partner or owner of the business has completely relinquished (“Relinquishing Party”), in writing, all rights to the original Amare Global business.</p> <p>15.9: Upon the death or incapacity of a Wellness Partner, the Wellness Partner’s business may be passed on to his or her legal successors in interest (successor). Whenever an Amare Global business is transferred by will or other testamentary process, the successor acquires the right to collect all bonuses and commissions of the deceased Wellness Partner’s sales organization.</p> <p>To request corporate authorization for a sale or transfer of an Amare Global Distributorship, the following items must be submitted to the Amare Global Compliance Department:</p> <ol style="list-style-type: none"> I. A Sale/Transfer of Distributorship Form properly completed, with the requisite signatures. II. A copy of the Sales Agreement signed and dated by both transferrer and transferee. III. An Amare Global Wellness Partner Agreement completed and signed by the transferee; IV. Payment of the \$100 administration fee; V. Any additional supporting documentation requested by Amare Global. 	
III. Payment Information and Authorization (choose payment method):	
<p>A. <input type="checkbox"/> Charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p style="margin-left: 20px;">Name on Credit Card: _____</p> <p style="margin-left: 20px;">Billing Address, City, State & Zip: _____</p> <p style="margin-left: 20px;">Last 4 Digits of Credit Card*: _____</p> <p style="margin-left: 20px;"><i>*Amare Customer Experience will call to collect full card #.</i></p> <p style="margin-left: 20px;">I authorize Amare Global to charge my credit card a US \$100.00 fee to process this request.</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">(Signature)</p> <p>B. <input type="checkbox"/> Certified Check or Money Order Enclosed</p>	

IV. 4.6/15.1 Change Ownership from Individual to Business Entity Individual <u>must</u> be the Principal on to the Business Entity		
<p>The following forms are required (all apply) and must be submitted with this form:</p> <ul style="list-style-type: none"> IRS W-9 Form IRS EIN Confirmation Letter Articles of Incorporation Amare’s Agreement Form for Business Entity 		
Transfer to (Business Name):		
Business Entity Owner (Principal):	Effective Date:	
Signature:	Date:	
Confirm Account Information:		
Tax ID:	Tax Type (choose one): <input type="checkbox"/> SSN <input type="checkbox"/> EIN	Date of Birth:
A Wellness Partner may operate or have an ownership interest, legal or equitable, as a sole proprietorship, partner, shareholder, trustee, or beneficiary, in only one (1) Amare Global business. No individual may have, operate or receive compensation from more than one Amare Global businesses. Simultaneous Interests in multiple Distributorships is prohibited.		
V. 15.7 - Assign, Delegate, or Transfer Ownership Transferring ownership to another individual or entity		
<p>The following forms are required and must be submitted along with this form:</p> <ul style="list-style-type: none"> IRS W-9 Form Amare’s Agreement Form <p>Transfer of ownership to a Business Entity owned by another individual (required documents):</p> <ul style="list-style-type: none"> Articles of Incorporation IRS EIN Confirmation Letter 		
Transfer to (Full Name or Business Name):	Effective Date:	
If applicable, Business Entity Owner (Principal):		
Relationship to current Distributorship, if any:		
Transferee Signature:	Date:	
Transferrer Signature:	Date:	
Confirm Account Information:		
Tax ID:	Tax Type (choose one): <input type="checkbox"/> SSN <input type="checkbox"/> EIN	Date of Birth:
An Amare Global Wellness Partner who transfers his or her Distributorship is not eligible to re-enroll as an Amare Global Wellness Partner in any organization for six (6) full calendar months following the date of the transfer except as otherwise expressly set forth in this Policy Manual. For rank Gold Heart or higher, the period length is twelve (12) months.		

VI. 15.8 Divorce or Relinquishing Ownership		
Relinquishing Ownership of an Amare Distributorship by one party		
<p>The following forms are required and must be submitted along with this form:</p> <ul style="list-style-type: none"> • IRS W-9 Form • Amare’s Agreement Form <p>Transfer of ownership to a Business Entity owned by another individual (required documents):</p> <ul style="list-style-type: none"> • Articles of Incorporation • IRS EIN Confirmation Letter 		
Relinquishing Party – Print Name:	Effective Date:	
Relinquishing Party Signature:	Date:	
Amare Distributorship Owner Name (print):	Date:	
Amare Distributorship Owner Signature:	Date:	
Confirm Account Information:		
Tax ID:	Tax Type (choose one): <input type="checkbox"/> SSN <input type="checkbox"/> EIN	Date of Birth:
<p>The Relinquishing Party may immediately re-enroll under the Sponsor and Placement of his or her choice. In such cases, however, the Relinquishing Party shall have no rights to, and shall not solicit, any Wellness Partner or active Customer in the former organization and must develop a new business in the same manner as any other new Amare Global Wellness Partner. Amare Global recognizes only one Downline organization and will issue only one commission check per Amare Global business per commission cycle. Under no circumstances will the Downline of an organization be divided, nor will Amare Global split commission and/or bonus checks.</p>		
VII. 15.9 Succession - Death or Incapacity		
Transferring a Distributorship to the Successor		
<p>To affect a testamentary transfer of an Amare Global business or a transfer due to incapacity, the successor must provide the following to Amare Global Compliance Department:</p> <ul style="list-style-type: none"> • A certified copy of the death certificate or a notarized copy of an appointment as trustee • A notarized copy of the will or notarized affidavit, a notarized copy of the trust document and/or other appropriate legal documentation or establishing the successor’s right to the Amare Global business • IRS W-9 Form for successor or trustee • Amare’s Agreement Form for successor or trustee <p>Transfer of ownership to a Business Entity (required documents):</p> <ul style="list-style-type: none"> • Articles of Incorporation • IRS EIN Confirmation Letter 		
Successor or Trustee (Full Name or Business Name):	Effective Date:	
If applicable, Business Entity Owner (Principal):		
Relationship to current Distributorship, if any:		
Successor or Trustee Signature:	Date:	
Confirm Account Information:		
Tax ID:	Tax Type (choose one): <input type="checkbox"/> SSN <input type="checkbox"/> EIN	Date of Birth:

If the successor is already an existing Wellness Partner, Amare Global will allow such Wellness Partner to keep his or her own Distributorship plus the inherited Distributorship active for up to six (6) months. By the end of the 6-month period, the Wellness Partner must have compressed (if applicable), sold or otherwise transferred either the existing Distributorship or the inherited Distributorship. If the successor wishes to terminate the Amare Global Distributorship, he or she must submit a notarized statement stating the desire to terminate the Distributorship, along with a certified copy of the death certificate, appointment as trustee, and/or any other appropriate legal documentation.

Enclose all required forms. Amare Global reserves the right to approve or deny the Transfer of Distributorship changes set forth in this form. Please allow up to 30 business days for processing.

AMARE GLOBAL OFFICE USE ONLY

Date of Request: _____ Date Required Forms Received: _____

Transfer: Approved
 Denied

Administrative Fee (\$100)

Charged to the Account – Last 4 digits _____
 Certified Check or Money Order Enclosed

Mail this form (with all original signatures) and your payment to Amare Global, 17872 Gillette Ave Suite 100, 92614. If none of the above payment methods accompany this form, it will be denied without further action. Requests will be reviewed by Amare Global and may be approved by Amare Global in its sole discretion, with additional conditions and restrictions as may be required by Amare Global. Policy Manual enforced.