

Name of person making request _____ Enrollment Date _____ Today's Date _____
 Phone number _____ Email address _____ Signature _____

FROM

I, _____ ID# _____ **SOLD** **GAVE** my account to:
 _____ **Original Team Member**
 _____ **New Team Member** Social Security # _____
 Phone (Former) _____ E-mail (Former) _____
 Mailing Address (Former) _____
 City / Province (Former) _____ State / Country _____ Zip / Postal Code _____

TO

NEW MEMBERSHIP APPLICATION

Social Security # / Business Entity ID# _____ Phone _____ Fax Number _____
 Mobile Phone Number _____ Email Address _____
New Team Member -OR- Business Entity Acquiring Position
 Contact Name (If different) _____
 Shipping Address _____ City / Province _____ State / Country _____ Zip / Postal Code _____
 Billing Address _____ City / Province _____ State / Country _____ Zip / Postal Code _____

This Agreement is entered into between the APPLICANT, named above (hereafter "APPLICANT"), and SYNERGY WORLDWIDE. The parties agree:
 APPLICANT hereby applies as a Team Member (Independent Distributor) in SYNERGY WORLDWIDE'S Independent Distributor Program. For a period of 21 days from the mailing of this Application, or until such time as SYNERGY notifies APPLICANT of this Application's acceptance or rejection, APPLICANT is authorized as a Team Member (Independent Distributor) and granted the rights to sell SYNERGY products. SYNERGY reserves the right to accept or reject any application for any reason, in accordance with the terms and conditions set forth in the SYNERGY Policies and Procedures, as such now exists or may hereafter be amended.
 By submitting this application, I attest that the information contained in it is complete and true, and that I am at least 18 years of age. I understand that no product purchase or other payment is required to become a Team Member. As a Team Member, I may buy and sell SYNERGY products and advance through SYNERGY's Leadership System. I understand that this application is binding upon me as a Team Member. I agree to comply with SYNERGY's Policies and Procedures as they are currently written and found in the Policies and Procedures manual online and in the published booklet and as they may be amended by SYNERGY.
 The Team Member will not be treated as an employee for federal or state tax purposes. Any Team Member may cancel their membership at any time by completing a Membership Cancellation Form and sending it via fax or mail to Synergy WorldWide.
FAX: (801) 443-3282
MAIL: 1955 West Grove Parkway, Suite 100, Pleasant Grove, UT 84062

Original Team Member Signature _____ New Team Member Signature _____ Position Sponsor Signature _____

Please note: If this request is approved, the requesting distributor will be charged a **\$100** fee for each individual transaction. This will be charged at the time the changes are made. Synergy reserves the right to deny any or all transfer of distributorship requests.

Visa Mastercard American Express Discover

Name on Card _____
 Signature of Card Holder _____

Credit Card Number _____ Expiration _____

I hereby authorize Synergy WorldWide to charge my credit card the processing fee associated with this transfer of distributorship.

- Distributors must include the following items with the completed and signed Transfer of Distributorship Form (including credit card number):**
- ✓ Notarized bill of sale or transfer signed by the seller and signed statement by the seller that he or she will not attempt for a year to recruit or raid any Synergy Team Members. (See blank form on page 2)
 - ✓ If the account is being transferred to a business, an Articles of Incorporation must be provided with all the signatures of the responsible parties participating in the business. (Please include a Group Membership Addendum Form)

OFFICE USE ONLY

FEE PAID

CHECK #

I, _____ hereby **SELL** **GIVE** my account:
Name of SELLING Team Member

_____ to _____
Account number Name of BUYING Team Member

in the amount of \$ _____

I will not raid, or attempt to raid, or recruit any Synergy Team Member into any other direct-selling or multi-level marketing organization.

★ MUST HAVE NOTARIZED SIGNATURES FROM BOTH THE BUYER AND THE SELLER ★

Signature of BUYING Team Member

Signature of SELLING Team Member

FOR NOTORIZATION PURPOSES

FOR NOTORIZATION PURPOSES

State of _____ }
 County of _____ } SS.

State of _____ }
 County of _____ } SS.

On this the _____
Day Month Year

On this the _____
Day Month Year

before me, _____
Name of Notary Public

before me, _____
Name of Notary Public

the undersigned Notary Public, personally appeared

the undersigned Notary Public, personally appeared

Name of Signer

Name of Signer

personally known to me to be the signer of the attached instrument, and acknowledged that he/she executed the same.

personally known to me to be the signer of the attached instrument, and acknowledged that he/she executed the same.

Signature of Notary Public

Signature of Notary Public

My Commission Expires

My Commission Expires