PARTNERSHIP/CORPORATION FORM–USA

❑ New Distributorship
❑ Amended Distributorship

DIRECTIONS: 1 Complete this agreement to supplement your application for an Independent Distributorship if operating as a business entity and not as an individual. Please submit this form with a Distributor Agreement.
2 Mail To: Nu Skin USA, 75 West Center, Provo, Utah 84601

PLEASE TYPE OR PRINT CLEARLY USING DARK INK

Federal Tax ID Number

This business organization is a: ☐ Partnership ☐ Corporation ☐ Other (describe)

Name of Business Entity (To appear on all correspondence)

Mailing Address | City/State | Zip Code | Daytime Telephone

Sponsor's Name (Last, First, Middle) | Sponsor's ID Number | Sponsor's Telephone

List the Principal Partner and all other individuals with an interest in the business organization (e.g. directors, officers, shareholders, limited partners, or other positions):

All signatures below affirm that each of the signing parties with an interest or position in this business organization has read and accepted all of the terms and conditions detailed in the Contract (Distributor Agreement, Policies & Procedures, Sales Compensation Plan, this Partnership/Corporation Form, and supplemental information if applicable) and that this business organization and each individual will comply with those terms and conditions. The Principal Partner is an authorized agent of this business organization and has been formally authorized to sign and execute contracts on its behalf. Neither have the business organization nor any of the signing individuals been party or participant to any division distributorship individually, in a partnership, or as a shareholder, principal, officer, or director of a corporate distributorship in the past six months. I certify that the information given on the form is true and correct as of the date listed below.

Principal Partner's Name (Last, First, Middle) | Title | Date

Social Security Number — — | Signature

Name (Last, First, Middle) | Title | Date

Social Security Number — — | Signature

Name (Last, First, Middle) | Title | Date

Social Security Number — — | Signature

Name (Last, First, Middle) | Title | Date

Social Security Number — — | Signature

Name (Last, First, Middle) | Title | Date

Social Security Number — — | Signature

Name (Last, First, Middle) | Title | Date

Social Security Number — — | Signature

List additional names on back

This Partnership/Corporation Form must be accompanied by a Distributor Agreement. All future changes to this business organization must be submitted in writing and must include the names and signatures of all original parties. The Company reserves the right to accept or reject any person or entity's application to become an Independent Distributor.

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