



# SUPPLEMENT TO DISTRIBUTOR APPLICATION AND DISTRIBUTOR AGREEMENT FOR CORPORATION/PARTNERSHIP/TRUST

This Supplement must be completed by all non-individual distributors, i.e., corporations, partnerships and trusts.

This Supplement must be mailed immediately upon completion to:

**Reliv, Inc. Distributor Services Center P.O. Box 405 Chesterfield, Missouri 63006-0405**

Name of Entity \_\_\_\_\_

Tax I.D. No. \_\_\_\_\_

Type of Entity  Corporation  Partnership  Trust  Other (specify) \_\_\_\_\_

Date of Formation \_\_\_\_\_ State or Jurisdiction of Formation \_\_\_\_\_

Please list principals. For a corporation, list all shareholders and directors. For a partnership list all partners. For a trust, list all trustees and beneficiaries.

Name	Position	Social Security Number

1. In consideration of Reliv, Inc. allowing the Distributor to enroll as an independent distributor of Reliv, each of the principals listed above agrees that he or she shall be personally liable for the Distributor's obligations under the Distributor Agreement and the Policies and Procedures, as amended. Without limitation, each of the principals, shareholders, trust beneficiaries, and directors ("Participants") shall be bound by the restrictions contained in the Distributor Agreement and Policies and Procedures on the use of confidential information, including the names of Reliv Distributors and customers, and the promotion of other network marketing programs to other Reliv Distributors.
2. The undersigned Participants acknowledge that Reliv Policies and Procedures restrict the sale, assignment or transfer of a Reliv Distributorship, and that the transfer or sale of an interest in, or change in control of, the Distributor will constitute a sale or transfer of Distributor's distributorship. The undersigned Participants agree, therefore, that no change in the ownership or control of the entity will be made without the express written consent of Reliv. Any approval of additional Participants in any entity shall be contingent on such individuals signing an agreement in substantially this form.
3. The undersigned Participants acknowledge that they may not be individual Reliv Distributors nor may they be Participants of any other Reliv distributorship, unless consented to by Reliv.
4. Reliv reserves the right to approve or disapprove Distributor's change of name, or reformation or recapitalization as a corporation, partnership, trust or other entity.

\_\_\_\_\_  
Name of Entity

By: \_\_\_\_\_  
Signature Date

### All Participants Identified Above Must Sign

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Accepted:  
Reliv, Inc.

By: \_\_\_\_\_  
Authorized Officer