

MASTER AFFILIATE APPLICATION



To be completed by either a fully-qualified Master Affiliate or qualifying Master Affiliate.

Application Instructions:

1. Master Affiliate application forms may be submitted immediately when a total volume of 5,000 is reached.
2. This must be received no later than the 2nd day of the following month.

QUALIFYING MASTER AFFILIATE INFORMATION

LAST NAME	FIRST	MIDDLE
RCN OR DISTRIBUTOR ID		
ADDRESS		
(AREA CODE) TELEPHONE NUMBER		
FULLY QUALIFIED MASTER AFFILIATE	RCN NUMBER	

DATE OF QUALIFICATION

Reliv Distributor has fulfilled the qualification requirements for Master Affiliate as of _____ (DATE)
and should be recognized as a fully qualified Master Affiliate on the first day of the following month.

CERTIFY QUALIFICATION METHOD

One Month Qualification
PGPV of 5,000 in one calendar month, including 1,000 in volume that is unencumbered.
This volume includes all purchases from Reliv and all purchases made from upline Distributors.

Total volume purchased from upline = _____

Two Month Qualification **Total volume purchased from upline =** 1st Month _____
2nd Month _____

PGPV of 3,000 in two consecutive calendar months, each month including 1,000 in volume that is unencumbered. This volume includes all purchases from Reliv and all purchases made from upline Distributors.

Unencumbered volume is all PGPV that is not being used to qualify a Distributor in your downline for Master Affiliate. If you are qualifying or requalifying as a Master Affiliate during the same month in which a downline Distributor is qualifying, you must have at least 1,000 points of volume that are not being used to qualify that downline Distributor.

QUALIFYING MASTER AFFILIATE SIGNATURE DATE

OR

FULLY QUALIFIED MASTER AFFILIATE SIGNATURE DATE

MAIL TO:

Reliv International, Inc.
Distributor Relations
P.O. Box 405
Chesterfield, MO 63006-0405

FAX TO: 636.537.9753



PVQ PROTECTION FORM

NAME (LAST, FIRST, MIDDLE)
RCN #
SHIPPING ADDRESS (NO PO BOX)
CITY STATE ZIP
PHONE () -

Yes, I want to protect my PVQ (Personal Volume Qualification). If, by close of business on the last day of business each month, I have not placed a personal wholesale order direct with Reliv for at least 100 PV, which I have designated as my PVQ order, then I authorize Reliv to place an order in my name using the PVQ selected below. I understand that I can change my selection of PVQ at any time by contacting Reliv's DSC. I am aware that I need to allow 10 business days for processing in the event I cancel my PVQ protection program. I understand that the amount charged to my credit card will be the retail cost of the pack I select **less my discount** plus packaging and handling and sales tax, if applicable. I understand this protection program will remain in effect as long as I am a Master Affiliate.
KFCSH \$1 = 1pv, no bv and no discount.

Want to protect your account? Sign up for the automatic PVQ protection program of your choice:

1. First, pick the type of program.

- Option 1** – Monthly – automatic order set up on the 1st of each month. This will be your designated PVQ order for the current month.
- Option 2** – As needed – automatic order that is generated only when you need a PVQ order for the previous month's volume period. (Typically generates the 1st week of each month.)

2. Pick the type of order.

- Now We Can Pack** – by donating \$60 to the RKF you will be providing nutrition to 12 kids for one month. (100PV/60BV/60RV)
- Misc. Pack** (min. 100pts) List the products you wish to have automatically shipped as part of you PVQ protection program.

- Kalogris Donation** – by choosing this option, you pick a set amount to be donated to Reliv's Kalogris Foundation. (\$100 donation min = 100pts, no bonus volume)

\$ _____

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CREDIT CARD PAYMENT

- Visa
- MasterCard
- American Express
- Discover

I hereby authorize Reliv Inc. to process a charge to my Credit Card:

Card Number: _____ - _____ - _____ - _____

EXP. Date MO. ____ / YR. ____

Cardholder's Name _____

Billing address _____
