



Permitted Business Entity Addendum - U.S.

This form is the Permitted Business Entity Addendum referenced in the Permitted Business Entity Requirements of the U.S. Policies & Procedures and forms an integral part of the IBO Agreement. Capitalized terms used herein and not otherwise defined shall have the meaning assigned to such term in the U.S. Policies & Procedures.

This form and the required documentation listed below must be completed and submitted to ACN in order for an Independent Business Owner to operate as a Permitted Business Entity and hold a Permitted Business Entity Position. The Names, Social Security Numbers, Dates of Birth, Email Addresses, Phone Numbers and Ownership Interest of all Participating Parties must be provided. ACN does not permit individuals that do not have an interest in the business entity and are not listed on the PBE Position to acquire customers, represent, or otherwise hold themselves out as an ACN Independent Business Owner.

As more fully set out in the U.S. Policies & Procedures, when used in the IBO Agreement, the term "IBO" shall refer to each Participating Party signing this form, and each agrees, jointly and severally, to comply with and be bound by the IBO Agreement, including, without limitation, the dispute resolution provisions and restrictive covenants contained therein.

Required Documentation

1. **Permitted Business Entity Addendum** (this form), completed and signed by each Participating Party that will be listed on the PBE Position.
2. A legal document which clearly displays the business entity's **Taxpayer Identification Number** and proof of name.
3. A completed **W9** form from the IRS signed on behalf of an individual authorized to enter into binding agreements on behalf of the business entity.
4. A completed **Independent Business Owner Agreement** for **each** owner to be listed on the PBE Position, signed by each Participating Party.
5. For existing positions that are changing from an Individual IBO Position to a PBE Position, a **written transfer request** from the primary position holder authorizing the Individual IBO Position to be transferred to the business entity.

Business Entity Name

Primary Contact

Every PBE must identify a Participating Party as the PBE's Primary Contact. The Primary Contact must be a shareholder or director for PBEs organized as corporations; a member for PBEs organized as LLCs; or a general partner for PBEs organized as a general or limited partnership; or a trustee for PBEs organized as trusts.

Authorized Contact(s)

An Authorized Contact has full authority to act for and bind the PBE and must also be a Participating Party:

Transferring an Existing Position

If you are transferring an existing Individual IBO Position to a business entity, provide your current Business ID:

Additional Existing Positions

If any Participating Party, or that individual's spouse/life partner, has an interest in any other ACN position, provide the Business ID(s):

Please submit completed form through the IBO Back Office

All Participating Parties that will be listed on the PBE Position must review, complete and sign the information below. Failure to complete this information in its entirety may delay the processing of your request or disallow the ownership of the IBO Position by the business entity.

By signing below, I certify and agree that:

- The information provided on this form is true and correct and I will promptly notify ACN of any changes.
- I understand that omission of any details regarding existing ACN positions, including that of a spouse or life partner, may be grounds for termination of my position with ACN and the business entity's position with ACN.
- I understand that while I am a Participating Party in a PBE Position, I am not in an individual capacity, acting as the IBO along with the other Participating Parties and the PBE. Therefore, I will comply with, and be bound by, all ACN Policies and Procedures governing U.S. Independent Business Owners and the terms and conditions contained in the ACN Independent Business Owner Agreement, **in my individual capacity**, including, without limitation, the dispute resolution provisions and restrictive covenants contained therein, and will ensure that any activity that the business entity and the other Participating Parties on the position undertake as an ACN Independent Business Owner will be performed in accordance with ACN's Policies and Procedures and the ACN Independent Business Owner Agreement.
- The Primary Contact is expressly authorized to act on my behalf and on behalf of the PBE Position, including, without limitation, for purposes of applying for, establishing and renewing the PBE Position and accepting the then-current IBO Agreement.
- I am jointly and severally not responsible and not liable to ACN with respect to the PBE Position and the actions of the business entity and those of the Primary Contact.

PARTICIPATING PARTY		
_____		_____
	Date of Birth (MM/DD/YYYY)	% Ownership of Business
_____	_____	_____
Social Security Number	Email Address	Phone Number
_____	_____	
Signature	Existing ACN Position (BIN) - if applicable	

PARTICIPATING PARTY		
_____		_____
	Date of Birth (MM/DD/YYYY)	% Ownership of Business
_____	_____	_____
Social Security Number	Email Address	Phone Number
_____	_____	
Signature	Existing ACN Position (BIN) - if applicable	

PARTICIPATING PARTY		
_____		_____
	Date of Birth (MM/DD/YYYY)	% Ownership of Business
_____	_____	_____
Social Security Number	Email Address	Phone Number
_____	_____	
Signature	Existing ACN Position (BIN) - if applicable	

Please submit completed form through the IBO Back Office