

PRODUCT RETURN FORM

AFFILIATE/CUSTOMER INFORMATION:

| | |
|---------------|-------------------|
| First name: | Surname: |
| Phone: | E-mail: |
| Invoice: | Date of Purchase: |
| Order Number: | Returns Number: |

IMPORTANT: Customers are legally entitled to withdraw from the purchase contract, without stating the reason, for products purchased through our website for 14 calendar days from the date on which the product was received.

The 4Life return policy allows you to return products if you are not satisfied with your purchase for up to 30 days from receipt of the product.

Write to the 4Life Customer Service department by email at: returns.eu@4life.com to receive a returns number that enables us to identify your order and provide the instructions you need to follow for returning the product. Please enter this number in the section: Returns Number.

For more information you can consult the section on product guarantees and returns in your Policies and Procedures Manual.

REASON FOR RETURN: Put an **X** in the box or boxes that correspond to your reasons for returning the products

| X | REASON |
|--------------------------|---|
| <input type="checkbox"/> | I was not satisfied with the purchase |
| <input type="checkbox"/> | Product is defective or damaged |
| <input type="checkbox"/> | Incorrect product |
| <input type="checkbox"/> | Incorrect quantity |
| <input type="checkbox"/> | Product received in error |
| <input type="checkbox"/> | Order was not placed or requested |
| <input type="checkbox"/> | Distributor unsubscribed from the company |
| <input type="checkbox"/> | Error during purchasing transaction |
| <input type="checkbox"/> | Other: |

AFFILIATE/CUSTOMER REQUEST: Put an X in the appropriate box:

Refund

Replacement

TYPE OF RETURN:

Total

Partial

| <u>Product Name:</u> | <u>Quantity:</u> |
|----------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

INSTRUCTIONS:

1. Fill out the returns form appropriately, listing the merchandise returned in the table at the bottom of the first page of this document, if you are making a partial return of the order.
2. If you wish to return products, enclose the following in the package:
 - Products.
 - Order invoice included in the package of the products received.
 - Returns form for the products, duly completed.

Please send it to the following address:

NAEKO LOGISTICS - 4LIFE
Calle Mare de Deu de Nuria, 13-15
08830 Sant Boi de Llobregat
Barcelona / Spain

3. We greatly appreciate clarity when providing information in this format, as it enables us to constantly improve the service we offer.

IMPORTANT:

- NO refunds will be made from the 27th until the closing of the month.
- This refund guarantee is limited to one amount per period.
- No product returns will be admitted after 30 days of receipt of the product, except for the Welcome Kit, in the event of cancellation or termination of the Preferred Customer Code, provided that no more than 1 year has passed since the date on which it was acquired, and it is in a condition to be resold.
- The refund or exchange of a product may alter the bonuses received. In the event of any change, they will be deducted from the return.
- If the invoice is paid by credit/debit card, the returns will be credited to that card. If paid by bank deposit, they will be paid with the distributor's monthly bonuses.
- Preferred customers must provide a bank account in order to receive payment.

I, _____ understand and agree with the conditions set out in this product returns form.

Applicant's signature:

Place and date of signature: