

Name	Market America Distributor ID Number								
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Street Address									
City	State/Province								
Zip/Postal Code									

**\*\* nutrametrix and HP1 Renewals must be completed on appropriate form. Please go to your back office for the appropriate form. Please do not use this form for renewing your NM or HP1 Membership.**

**You MUST select ONLY ONE option below to ensure your Annual Renewal is processed correctly. If a selection is not made or more than one box is selected, your Annual Renewal Form and Fee will be returned to you unprocessed.**

**SALES REPRESENTATIVE ANNUAL RENEWAL — This Section ONLY!**  
By submitting this form with **no Annual Renewal Fee**, I opt to renew my Independent Distributor Application and Agreement at Sales Representative status.

**DISTRIBUTOR ANNUAL RENEWAL — This Section ONLY!**  
By submitting this form along with the **appropriate Annual Renewal Fee indicated below**, I opt to renew my Independent Distributor Application and Agreement at my current Independent Distributor status. I understand that I must pay for my own Annual Renewal Fee and that no other person, current Independent Distributor or otherwise, may pay the Annual Renewal Fee for me.  
 US\$99.95/C\$99.95 Annual Renewal Fee **(received August 1 through December 31)**  
 US\$104.95/C\$104.95 Annual Renewal Fee **(received January 1 through January 31)**  
 US\$109.95/C\$109.95 Annual Renewal Fee **(received February 1 through the last day of February)**

**GLOBAL ANNUAL RENEWAL — This Section ONLY!**  
This section is only to be used if you are currently registered as a **Global Independent Distributor** in the **United States and Canada**.  
**UFMS credit card must be used for all Global Annual Renewals.**  
By submitting this form along with the **appropriate Annual Renewal Fee indicated below**, I opt to renew my Global Distributorship. I understand that I must pay for my own Annual Renewal Fee and that no other person, current Independent Distributor or otherwise, may pay the Annual Renewal Fee for me.  
 US\$99.95/C\$99.95 Annual Renewal Fee **(received August 1 through December 31)**  
 US\$104.95/C\$104.95 Annual Renewal Fee **(received January 1 through January 31)**  
 US\$109.95/C\$109.95 Annual Renewal Fee **(received February 1 through the last day of February)**

**METHOD OF PAYMENT**

Credit Card - The last four (4) digits of the **UFMS** credit card number on file are \_\_\_\_\_, expiration date (Mo./Yr): \_\_\_\_/\_\_\_\_ CVV (security code) \_\_\_\_\_.  
Must be a UFMS subscriber for this option; UFMS policies apply.

Check (check writing privileges apply)

I hereby authorize Market America to charge my credit card for the Total Amount listed above.

Signature of Cardholder \_\_\_\_\_

All Market America Independent Distributors, nutraMetrix® Independent Distributors and Global Independent Distributors must renew their Independent Distributor Application and Agreement annually with the Annual Renewal Form and **nonrefundable Annual Renewal Fee** in order to maintain their Independent Distributor status and receive *Powerline* (Market America's monthly magazine), corporate announcements, product updates and access to computer information and Market America voicemail. Sales Representatives must renew their Independent Distributor Application and Agreement annually with the Annual Renewal Form only (no fee). Distributors and Sales Representatives whose applications are received prior to August 1 must renew by December 31 of the same year in order to remain active. Distributors and Sales Representatives whose applications are received August 1 or later will need to renew by December 31 of the next year.

Distributors and Sales Representatives applying prior to August 1 who do not renew will be granted a grace period until the last day of February to submit the Annual Renewal Form and/or increased Annual Renewal Fee. Distributors applying prior to August 1 who do not renew by the last day of February will become Sales Representatives and will lose all accrued Personal and Group Business Volume. Additionally, all upline Distributors will lose the Group Business Volume credit of the purged and unrenewed Distributors. Sales Representatives entering prior to August 1 of the current year who do not renew by the last day of February will lose their Personal Business Volume, and all upline Distributors will lose the Group Business Volume credit of the purged, unrenewed Sales Representatives.

Distributors entering prior to August 1 of the current year who submit an Annual Renewal Form without the Annual Renewal Fee will revert to Sales Representative status after the last day of February. They will lose their accrued Group Business Volume but retain their Personal Business Volume.

**If your Annual Renewal Form is not received by the last day of February, your Independent Distributor Application and Agreement will expire and your status will be changed to a Sales Representative, making reapplication and reinstatement from the upline and Market America necessary. In addition, access to your UnFranchise® Business Account will be suspended until reapplication process is complete.**

**Submission of the Annual Renewal Form will satisfy the annual requirements for Form 1001 and Form 925, provided the hard copies of Form 1001 and Form 925 are already on file with Market America.**

**TO RENEW YOUR INDEPENDENT DISTRIBUTOR APPLICATION AND AGREEMENT: Complete and mail** this Annual Renewal Form along with payment (if applicable) in the appropriate amount, to the address indicated below. Make checks payable to Market America. **Each Independent Distributor must pay his or her own Annual Renewal Fee.** Refer to the current edition of the Market America *Career Manual* for acceptable methods of payment.

**By signing this form I acknowledge the incorporation by reference of all changes and/or revisions delineated in official company literature that alter the Independent Distributor Application and Agreement I originally signed.**

I, the above-named Market America Independent Distributor, do hereby renew my Independent Distributor Application and Agreement with Market America as provided in the Independent Distributor Application and Agreement, and I agree to be bound by the terms and conditions of that agreement, including the Market America *Career Manual*, the Marketing Plan, and the Company's policies and procedures, rules and regulations as amended from time to time. If I am a business entity, the person signing this document has full authority to execute this agreement and legally bind the company. If applicable, I renew my Executive Coordinator Agreement (Form 925) and my Executive Coordinator Qualification and Application (Form 1001), each of which remains in full force by my signing below.

**SIGNATURE** (Must be original. **NO COPIES** accepted. Please use blue ink.): \_\_\_\_\_ **Date:** \_\_\_\_\_

**U.S. DISTRIBUTORS MAIL TO:** Market America, Inc., P.O. Box 35364, Greensboro, NC 27425  
**CANADIAN DISTRIBUTORS MAIL TO:** Market America, Inc, P.O. Box 35306, Greensboro, NC 27425

**INTERNAL USE ONLY** | Processor Initials: \_\_\_\_\_