

202- 4 Place Du Commerce Brossard, QC J4W 3B3 Tel: 866-622-1222

EARNINGS CERTIFICATION FORM ROYALTY OVERRIDE / PRODUCTION BONUS AND 10 RETAIL CUSTOMERS / 70% RULE OCUMENTATION

This form must be completed and submitted to Herbalife monthly to comply with the 10 Retail Customers and 70% Rules. Listed below are several methods the Form can be submitted to Herbalife. No matter which method is chosen, the form must be received by Herbalife no later than the fifth of each month for the prior month's activity. (Note: Mail must be postmarked no later than the last day of the month).

METHODS TO SUBMIT THE FORM:

1. Download the form:	[Log on to] ca.MyHerbalife.com [Click on] My	Office [Click on] Documents and Policies
2. Submit the form automatical	ly: [Log on to] ca.MyHerbalife.com [Click on] Te	n Customer Form [Click on] Submit 10 Customers Form
3. By Mail:	Herbalife of Canada LTD 202- 4 Place Du Commerce Brossard, QC J4W 3B3	
4. By Fax:	514-336-4846	
	Royalty Override requirements, you must a in order to receive your Royalty Override / Produ	also comply in a timely manner with the 10 RETAIL auction Bonus payments.
The 10 RETAIL CUSTOMERS F month.	RULE means that you must make not less than or	ne sale at retail to each of 10 customers during a given
Other activities that can count	towards this requirement are:	
A sale directly by the Company to a first level Preferred Customer (except if Preferred Customer is part of your household)		
	npany to a first downline with up to 200 personal ne Supervisor as a sale to one (1) retail customel	lly purchased Volume Points (and no downline) which r; and
	consumed products during ten (10) visits to a N erator as a sale to one (1) retail customer.	utrition Club within one Volume month, which may be
	• • • • • • • • • • • • • • • • • • • •	e each month must be sold or consumed, each month. if this rule, consumption means product consumed at
outlined in the box above. And will, customers: names, addresses, pho	upon request (for verification purposes) furnish the numbers, email addresses and copies of retail	f I have fulfilled the requirements to Herbalife the following information concerning such receipts (and/or in the case of Nutrition Club activities, tion). I agree to maintain all such records for a period
	stomers with the Privacy Notice located on the Rehare their data with Herbalife, and I have collecte	etail Order Form, or similar notice which, at a minimum d their corresponding written consents.
My total personal retail sales for the	e month total: \$	
Herbalife ID Number:		
Please print name:		

Date: