

3RD PARTY AUTHORIZATION

Neumi, LLC

8730 S Harrison St,
Sandy, UT 84070

Dear Neumi Support Team,

I, _____, holding the position of Independent Distributor in Neumi, LLC, hereby authorize the following individual/entity to perform transactions, make purchases, and utilize commissions on my behalf:

- Full Name of Third Party: _____
- Customer ID of Third Party: _____

Scope of Authorization:

I grant the third party authorization to perform the following actions on my behalf, please check from the following options:

- Conduct financial transactions, including but not limited to deposits, withdrawals, and transfers.
- Make purchases using my funds or accounts.
- Use any commissions, benefits, or rewards earned through transactions on my behalf.
- Make changes to my account or any orders made on it.
- Change my Login information to access the back office (Username and password)

Duration of Authorization:

This authorization shall remain in effect until revoked by me in writing or through an official communication to the relevant institution.

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Terms and Conditions:

I understand and agree to the following terms and conditions:

- I remain responsible for all transactions and activities conducted on my behalf by the authorized third party.
- The third party is not entitled to access or utilize any personal information beyond the scope of this authorization.
- I have the right to revoke this authorization at any time.
- I will be required to provide written notice of revocation to Neumi provider where this authorization is applicable.
- I acknowledge that the third party may be subject to Neumi's terms and conditions.

Sincerely,

cc: _____ cc: _____ cc: _____