

Money Back Guarantee Policy – Israel

Offer: Include **LifePak®+** in your ADR order for a minimum of 3 consecutive months and watch your SCS increase! Let the Pharmanex® BioPhotonic Scanner give immediate proof of your carotenoid level and observe the measurable difference. If your SCS does not show any increase after 90 days of taking one of the above-mentioned products in the indicated dosage level, we will refund the money you paid for that product.

By participating in this offer, applicants will be deemed to have accepted and be bound by the terms and conditions below. Nu Skin® reserves the right in its absolute discretion to refuse claims that do not comply with these terms and conditions.

This offer is in addition to, and does not replace or limit your statutory rights.

In these terms and conditions:

ADR means: Automatic Delivery Rewards (for more information on this please go to https://www.nuskin.com/content/nuskin/en_IL/products/business_tools/adr/adr_terms_conditions)

Product means: LifePak®+

SCS: Skin Carotenoid Score

Scan Card: Can be physical or digital, are reusable - and will be used for both, initial and subsequent scans. The barcode, which is the Scan Card number on the card, will allow you lifetime monitoring if the scan card number is linked to an active ADR.

Scanner Operator: Is an authorised Distributor of Nu Skin® pursuant to a Distributor Agreement

TERMS & CONDITIONS:

Eligibility:

- The Money Back Guarantee is open to all customers aged 18 or over registered as Nu Skin® Distributors or Consumers with a valid Nu Skin ID number legally residents in Nu Skin® open markets in the EMEA region where the Products are free for sales.
- Each customer is only entitled to receive one refund under this Money Back Guarantee.

How to Claim:

- Ask for a first scan with the S3 BioPhotonic Scanner to find out your SCS before you start taking the Products. Your first SCS should be registered on a Scan Card linked to your ADR orders.
- Order any of the Products via the ADR programme for three consecutive months and consume them in the dosage indicated below. Your order should be placed no later than 7 days following your first scan.
- Consume an *optimum* nutritional intake for at least 90 days continuously to ensure an increase on your SCS.

For LifePak®+ this can be obtained by taking 1 sachet (4 tablets) a day, meaning 2 LifePak®+ packs for 3 consecutive months.

- Perform your rescan after 90 days following the first intake of one of the products, but not later than 100 days after completing your first scan. You must use the same Scan Card for your rescan that you were using for the initial scan and which was registered to your ADR order containing the Product. For performing your rescan, please contact an official Scanner Operator (it can be the same person that performed the first scan for you) or use the Scanner Locator Tool available on www.nuskin.com and try to find the nearest Scanner Operator.

Procedure:

- In order to validate your claim, you must complete and sign the Money Back Guarantee Claim Form (attached below) and send it back via email to your Market Scanner Coordinator (please find the email address at the end of this document). You may only claim the offer within 90 days of the date that you have been rescanned. The original receipts must clearly show the Products purchased and the date of the purchase.

General:

- If you have been consuming both products, namely LifePak+ for 3 consecutive months, Nu Skin® will only refund you the price of one of these products if your SCS did not increase. You are free to choose, which one of the two products should be refunded to you.
- If you ordered any ADR package which contained the Product at a promotional price and you apply for the Money Back Guarantee, please be aware that you will receive a refund at that same promotional price of the Product.
- Your money will be returned within 2-4 weeks after receiving your claim.
- Your refund will be credited to the credit card that you used to purchase the Product. If you used a payment method other than the credit card to purchase the Product, the refund will be paid into your nominated bank account by electronic fund transfer.

Miscellaneous:

The Company reserves the right to request a rescan from you at the company's own cost.

Any manipulation, as determined in the sole discretion of Nu Skin®, of this Money Back Guarantee Terms and Conditions will render void any claim for invoking the money back.

Nu Skin® reserves the right to modify or discontinue the Money Back Guarantee. If Nu Skin® discontinues the Money Back Guarantee the Company will still process claims made before that date and issue refunds if the claims are accepted.



Contact Your Market Scanner Coordinator	
Email address	israelweb@nuskin.com
Phone	+972772231032

European Money Back Guarantee Claim Form

Please complete the application form below in BLOCK CAPITAL letters using **black** ink.

*** Information required to be eligible for the Money Back Guarantee**

CUSTOMER INFORMATION

Full Name*:			
Distributor ID Number*:			
Complete Address*:			
Phone* & Fax Number:			
E-mail Address*:			

SCAN INFORMATION

Initial Scan Date*:			
Initial Scan Score*:			
Scan Card Number*:			
Subsequent Scan Date*:			
Subsequent Scan Score*:			

PROFILE INFORMATION

Please answer the following questions to identify changes you have made in the 90 days since your last scan.
Please be aware that with exception of Question 1, all other questions below are voluntary.

1. How often have you used LifePak®+

- | | |
|---|--|
| <input type="checkbox"/> Regularly (once a day) | <input type="checkbox"/> Regularly (twice a day) |
| <input type="checkbox"/> Irregularly (once a day) | <input type="checkbox"/> Irregularly (twice a day) |
| <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |

2. How has your daily consumption of fruits and vegetables changed since your last scan?

- | | |
|---|---|
| <input type="checkbox"/> About the same | <input type="checkbox"/> Fewer servings |
| <input type="checkbox"/> More servings | |

CLAIM INFORMATION

Request Date*		
Select the product you have been using*	<input type="checkbox"/> LifePak®+	
ADR Reference Number*		
Start date of using product*		
How many servings taken per day?*		
Details		

The Company, its parent, affiliates and subsidiaries ("Nu Skin" or "Pharmanex") are aware of and responsive to your concerns regarding how information about you is collected, used and shared as a result of your participation in the Money Back Guarantee programme. Nu Skin respects your privacy and is committed to protecting the privacy of consumers of Nu Skin's products and services. Nu Skin collects from you and holds certain personal information about you that may or may not be considered sensitive data in order to perform administrative and record tasks. By sending this Money Back Guarantee Claim, you hereby expressly consent all information submitted by you to be held by Nu Skin at its corporate headquarters in the United States, its regional headquarters and/or its local affiliated companies in the country of your residence. You also expressly consent your information to be used by Pharmanex to process the information outside the EU and in an aggregate database for research purposes that will not identify you to other viewers.

You understand that Pharmanex will make available to you the results of your carotenoid scan on the Pharmanex website (will be only available to you and upon your login). You also understand that only you will be able to access the information that identifies you. You have the right to access and correct your personal information held by Nu Skin by contacting the Customer Service of your country of residence. Unless otherwise compulsorily regulated by law, all data will be stored for a necessary time only.

The information I have provided on this form and attached paperwork is correct. By submitting this form, I request that my application for a refund is considered under the Money Back Guarantee offered by the Company for the selected product outlined above.

Signature:		Date:
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OFFICE USE ONLY - TO BE COMPLETED

Date Received:	
Profile Questionnaire:	
Scan Information:	
Operating Conditions Check:	
System Check:	
Other Comments:	
Authorised Name & Signature:	Date: