

Distributor Information		Entity Information	
Federal Tax ID Number:	Type of Business Entity (check one):	<input type="checkbox"/> Proprietorship doing business under an assumed name <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other – (Describe)	
Name of Business Entity:			
Name and Title of Contact Person:			
Address:			
City, State, and Zip Code:			
Phone: Cell:	Sponsor Information		
Fax:	Name:		
Email:	ID Number:		

Partners, Members, Managers, Shareholders, Officers, Directors, or Trustees			
Identify ALL partners, members, managers, shareholders, officers, directors, trustees, or other participants. Attach additional pages as necessary.			
Printed Name:	Signature:	Title:	SSN:
Address:			
Printed Name:	Signature:	Title:	SSN:
Address:			
Printed Name:	Signature:	Title:	SSN:
Address:			
Printed Name:	Signature:	Title:	SSN:
Address:			
Printed Name:	Signature:	Title:	SSN:
Address:			
Printed Name:	Signature:	Title:	SSN:
Address:			

The above signatories (and others as may be appended to this document) certify that each is authorized to sign any document necessary to conduct business with Evolv Health and is jointly and severally liable for all contracts and obligations with Evolv Health. Each acknowledges that they are jointly, severally, and individually bound, and must comply with, the terms and conditions of the Evolv Health Distributor Agreement and Policies and Procedures. Violation of the Evolv Health Distributor Agreement and/or Policies and Procedures by any partner, member, shareholder, employee, trustee, officer, director, or other individual with any ownership or management (collectively "Affiliated Individuals") of the Business Entity Applicant may be jointly and severally imputed to the Business Entity and each Affiliated Individual. Failure to list all Affiliated Individuals on this Business Entity Registration form (use additional pages if necessary) shall be grounds for disciplinary sanctions as described in the Policies and Procedures.

Transfers of ownership interest in an independent Evolv Health business that is owned by a business entity are subject to the Evolv Health Policies and Procedures. See the Policies & Procedures for a description of the Transfer Policy.

This Agreement must be sent to Evolv Health within 15 days of the entity's enrollment as an Independent Evolv Health Distributor. If this form is not timely received by Evolv Health, the Distributor Agreement of the Business Entity Agreement shall be rejected. Mail to Evolv Health, Distributor Services Dept., Galleria Tower 2, 23rd Floor, 13455 Noel Road, Dallas, Texas 75240.

Note: If the Business Entity enrolled off-line, you must submit a properly completed IRS form W-9 (available at www.irs.gov/pub/irs-pdf/fw9.pdf) to Evolv Enrollment of a Business Entity shall not qualify as a personal sponsorship for the enroller of the Business Entity until Evolv Health receives this Agreement and the completed W-9 from the Business Entity.