

# ENROLLMENT

Thank you for participating in the Q Financial Freedom Movement. By reaching the rank of Elite or higher consecutively, you have qualified to receive a monthly bonus to be used to pay off debt or contribute to an approved long-term savings plan, as long as you remain qualified. Fill out the form below and return to FFM@qsciences.com to get started!

## Pick your Priority

- Pay off debt (credit card, loan, collection, medical bill, car payments)
- Invest in an approved long term savings plan or retirement plan (IRA, Roth, cash value life insurance, mutual funds etc.) **cannot be applied to personal savings account.**

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ambassador ID: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Account 1 – Pay Off Qualified Debt

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

I authorize Q Sciences to contribute to my debt reduction account.

## Account 2 – Retirement Account/Approved Long Term Savings

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

I authorize Q Sciences to contribute to my long-term savings account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Ambassador Agreement

I have read, understand, and agree to the Q Financial Freedom Movement Terms and Conditions.

**Q Financial Freedom Movement:** As long as Ambassador meets the monthly requirements of the program, Q Sciences shall make a monthly payment to reduce the outstanding principal balance owing on Ambassador’s designated account or contribute to the identified long-term savings account. Before payments will be submitted, each qualifying Ambassador must arrange with their creditor or financial institution to receive and apply FFM payment from Q Sciences as a third-party payer. Ambassador shall remain responsible for the monthly minimum payment of interest and principal, as determined by the debt holder. Ambassador shall hold Q Sciences harmless in the event Ambassador fails to make payment as required by debt holder. Ambassador acknowledges that payment by Q Sciences is contingent on Ambassador meeting the monthly requirements of the program. Q Sciences reserves the right to dictate terms and conditions as it sees fit.

