

# ageLOC Vitality

## Guarantee Refund Request Form



Name (Last, First)

U.S. ID Number

Age

Today's Date

Return Address

Date of Purchase\*

\*Date of purchase of the ageLOC Vitality

Please explain your reason(s) for requesting a refund

You may submit your refund request in one of two ways:

- (1) **Mail:** After completing this form, print it out and mail the form, along with your Vitality Tracker, to the following address:

Attention: ageLOC Guarantee  
Product Support  
75 West Center St  
Provo, UT 84601

- (2) **Email:** Your request can also be emailed to the following address:  
[productspecialist@nuskin.com](mailto:productspecialist@nuskin.com)

Please remember to attach an electronic copy of this form along with your Vitality Tracker when sending your request via email.

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Note: DO NOT USE THIS FORM AS YOUR ADR CANCELLATION.  
To cancel your ADR account, please call 1-800-487-1000.