

PRIVATE PARTICIPATION INVESTMENT & FIXED RETURN AGREEMENT

This Life Plus Institute Private Participation Investment & Fixed Return Agreement (“Investment”) is entered into as of _____ (“Effective Date”), by and between

Participant:

and

Company:

Life Plus Institute - 2041 SW 70th Avenue, D-13 Davie, FL 33317 EIN: 93-3473961
Email: Curtis@lifeplusinstitute.com

Each a “Party” and collectively the “Parties.”

1. Participation Amount

Participant agrees to contribute to Life Plus Institute the principal sum of _____ Dollars (\$_____) (“Principal”), subject to the terms and conditions set forth herein.

Funds shall be deemed received on the date they are credited to Life Plus Institute’s designated account and acknowledged as received. This shall begin the period of contract vesting; however, official returns shall commence from the first day of the following calendar month for the purposes of return accrual.

2. Term of Investment

The initial term of this Investment (“Term”) shall be twelve (12) months, commencing on the date of the first scheduled payment and concluding on the 12-month anniversary thereof. Participant acknowledges a ninety (90) day lock-up period during which no withdrawal of Principal shall be permitted.

3. Fixed Monthly Return

- a. Life Plus Institute agrees to pay Participant a fixed, non-variable return equal to _____ Percent (____%) per month, calculated on the original Principal amount for the full twelve (12) month Term.
 - b. Monthly Return Amount: \$_____ per month, to be paid on the last business day of each month or closest business day as outlined in Appendix A.
 - c. Total Return Over Term: \$_____ to be paid over Twelve (12) Months.
 - d. Total Amount Payable (Principal + Return): \$_____
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4. Payment Schedule and Method

4.1 Payment Dates

Monthly payments shall be due and payable on the last business day of each calendar month, as outlined in Appendix A attached hereto and incorporated by reference. If the last calendar day of any month falls on a weekend, the payment shall be due on the following Monday.

4.2 First Payment Date

The first payment shall be made on _____.

4.3 Method of Payment

All payments shall be made via ACH transfer or wire to the bank account designated in writing by Participant, and such account shall remain the authorized payment destination unless changed by Participant in writing.

Participant Designated Account:

Bank Name: _____

Bank Address: _____

Beneficiary: _____

Account #: _____

Routing #: _____

Swift Code (if applicable): _____

5. Return of Principal

Unless otherwise agreed to in writing pursuant to Section 6 below, the full Principal amount shall be returned to Participant at the close of business on the next business day immediately following the 12-month anniversary of the first payment date. Participant may request early withdrawal of Principal with sixty (60) days written notice, following the expiration of the ninety (90) day lock-up period. If no rollover or extension agreement is executed, Principal repayment shall occur automatically and without demand.

6. Rollover and Continuation Option

Upon successful completion of the initial 12-month Term, the Parties acknowledge and agree that: Life Plus Institute may present Participant with a subsequent rollover or continuation agreement. Such agreement may outline revised terms, including a potentially adjusted rate of return. Any rollover shall require a separate written agreement executed by both Parties. Absent such written agreement, this Investment shall terminate upon repayment of Principal, with no further obligation by either Party.

7. Use of Funds and Company Role

The Principal may be utilized by Life Plus Institute for business operations, investments, or trust-related activities operated in good faith to create returns for Investor at its sole discretion. Investor shall have no management, voting, or operational authority but shall have a vested guarantee on returns. All usage of funds shall be for the furtherance of returns with specific methods to create fixed returns. Life Plus Institute shall not be entitled to a carry on the returns offered to Investor.

8. No Equity or Ownership Interest

This Investment does not convey any equity, partnership interest, beneficial ownership, or voting rights in Life Plus Institute or the Fund Manager. Participant's rights are strictly limited to the payments expressly stated herein.

9. Security and Default

Default occurs if any payment is more than five (5) business days late or Principal is not returned per this Investment. Upon default, Participant may pursue all available legal remedies, including UCC-1 vested security interest which asserts a pro-rata claim on all assets held or controlled by Fund Manager, collectible through Life Plus Institute.

10. Governing Law

This Investment shall be governed by and construed in accordance with the laws of the State of Florida, without regard to conflict of laws principles.

11. Entire Agreement

This Investment, including Appendix A, constitutes the entire understanding between the Parties and supersedes all prior discussions or representations. Any amendment must be in writing and signed by both Parties.

12. Severability

If any provision of this Investment is held unenforceable, the remaining provisions shall remain in full force and effect.

13. Participant Acknowledgments

By executing this Investment, Participant confirms:

- I accept the pro-rata claim, UCC-1 filed upon default
- I agree to the 90-day lock-up and 60-day withdrawal notice requirement
- I acknowledge Fund Manager identity and strategy are confidential
- I accept the agreed-upon fixed monthly return rate as stated in Section 3
- I confirm I am an accredited investor and have consulted appropriate advisors

14. Signatures

IN WITNESS WHEREOF, the Parties have executed this Investment as of the Effective Date first written above.

For Participant:

Signature: _____

Name: _____

Date: _____

For Life Plus Institute:

Signature: _____

Name: Curtis Duffin

Title: President

Date: _____

APPENDIX A – PAYMENT SCHEDULE & WIRE INFORMATION

| Month | Payment Due Date | Amount Due |
|----------|------------------|------------|
| Month 1 | | \$ |
| Month 2 | | \$ |
| Month 3 | | \$ |
| Month 4 | | \$ |
| Month 5 | | \$ |
| Month 6 | | \$ |
| Month 7 | | \$ |
| Month 8 | | \$ |
| Month 9 | | \$ |
| Month 10 | | \$ |
| Month 11 | | \$ |
| Month 12 | | \$ |

Total Monthly Payments: \$_____

Principal Repayment: Next business day following 12-month anniversary

Life Plus Institute Wire Information:

Life Plus Institute 2041 SW 70th Avenue, D-13 Davie, FL 33317
Bank Name: Truist Bank
Wire Address: 214 N Tryon St, Charlotte, NC 28202
Beneficiary: Life Plus Institute
Account #: 1110025732700
Routing #: 061113415
Swift Code: BRBTUS33
