



## CHANGE TO COUNTRY OF RESIDENCE FORM

If you are an Isagenix Independent Associate and have moved to a new residence in another Isagenix market, please complete this form. Please allow 10 working days for Isagenix to update your account information to reflect your new residence. If this application is successful, there will be a \$100 administrative fee charged to the credit card on file. Any commissions or bonuses earned within the Isagenix Compensation Plan will be paid in the local currency of your new residence. You may consider reviewing International Sponsorship and electing a new local bank account or IsaWallet if you have an international business.

Send this form and the below documents to [ComplianceANZ@Isagenixcorp.com](mailto:ComplianceANZ@Isagenixcorp.com)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Member ID: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Residential Information

Previous Address:

Current/New Address:

### Policies and Procedures

I certify that I have read, understand and agree to the Policies and Procedures, and Terms and Conditions in the new country of residence (available at [IsagenixCompliance.com](http://IsagenixCompliance.com))

I permit Isagenix to charge a \$100 administrative fee to the default credit card listed on my account.

I certify that I am eligible to be an Isagenix Independent Associate in the new country of residence, whereby I am 18 years or above, I have paid my own membership fee, I am a tax-paying resident and meet other requirements applicable to the new market.

I certify that I understand my relationship with Isagenix is that of an Independent Contractor and I am responsible for my own income taxes, self-employment taxes, sales taxes, local taxes, insurance and/or local license fees that apply to my activities and compensation received under the Associate Contract.

### Document Checklist

Resident Card in New Country of Residence or Government-Issued Passport

Proof of Address at New Residence e.g. Driver's Licence, Bank Statement or Bill

Applicable Documents for Tax e.g. Australian Business Number, Social Security Number, W9 Form

Additional comments:

**All requests are subject to approval at the sole discretion of Isagenix.**

#### Office Use Only

Date Received:

Date Completed:

Processed By:

Approved

Denied