

Voluntary Request To Relinquish Position With Intent To Re-Enroll

By submitting this form you are requesting to resign your current Isagenix Position as an Independent Associate and Intend to Re-enroll after the wait out period as outlined in the Isagenix Policies and Procedures.

If you are requesting to cancel your Autoship only, please contact Customer Care at 080-822-0255.

All requests are subject to approval at Isagenix sole discretion.

Instructions

1. Please complete all required fields below and sign form.
2. Submit the form using one of the following methods:
Email to: CustomerServiceKR@IsagenixCorp.com
Fax to: +82-2-6105-2348 for home office
Mail to: Isagenix (Asia Pacific) Korea Yuhan Hoesa
 ATTN: Customer Care
 4th Floor, KOFOTI Building
 518 Teheran-ro, Gangnam-gu, Seoul, Korea 06180
3. Upon receipt of this request, you will be notified by return email or telephone.
4. If approved, you will be required to wait the required timeframe to re-enroll as outlined in the Isagenix Policies and Procedures.

By signing and completing the fields below I am acknowledging that I desire to relinquish my current Position as an Independent Associate with Isagenix. I understand that I will lose all benefits associated with my current Position including all rights to my personally enrolled, those in my downline, and all financial benefit associated with my Position.

I understand that to re-enroll as an Independent Associate or Customer I am required to wait the appropriate timeframe as outlined in the Isagenix Policies and Procedures, and must begin with a new Position. I also agree not to attempt to encourage those associated with my previous Position to join as my personally enrolled or in my downline.

Name: _____ Associate ID Number: _____

Requested Enrolling Sponsor: _____ Requested Placement: _____

Phone Number: _____ E-Mail Address: _____

Reason for request: _____

Signature: _____ Date: _____

Isagenix Policy Regarding Termination and Timeframes for Re-Enrolling

As an independent contractor, you may maintain or terminate your position as you deem fit; however, Isagenix does not permit a Position Holder to re-enroll in or take an ownership interest in another position with Isagenix after terminating his or her position in Isagenix unless the Position Holder meets certain conditions designed to protect the integrity of the downline organization. The conditions on re-enrolling depend on whether the Position Holder making the request to re-enroll is a(n):

Members may reapply six months from the date of their most recent activity (such as a product order or commission payment). Those that have earned ₩500,000 or more in commission with Isagenix in the previous 12 months may reapply 12 months from the date of their most recent activity.

Because we permit spouses to hold separate positions, so long as they are in the same line of sponsorship, a Position Holder whose spouse holds a separate position may not terminate his or her position and re-enroll in another position unless his or her spouse also meets the conditions applicable to their respective rank. The status of both spouses for purposes of determining the conditions to be satisfied will be based on the status of the spouse with the higher ranking at the time of the request.

If you wish to continue ordering Isagenix products at discounted member prices during your waiting period, without resetting your waiting period each time you order, you must sign and submit an official Reenrollment Request Form. By submitting this form, you irrevocably waive all rights relating to your current Position(s) (including all compensation) and you must explain your reason for making the request and where you plan to enroll after the waiting period expires. For purposes of this exception, your applicable waiting period will begin to count from the date Isagenix receives your completed form, even if your Position has already been inactive for any amount of time. Your intent to cancel and reenroll will be communicated to your current Enrolling Sponsor and volume from your purchases will continue to be credited to your current Enrolling Sponsor.

OFFICE USE ONLY

Date Received: / /	Date Completed: / /	
Processed By: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied

