



SPONSOR/PLACEMENT CHANGE REQUEST

INSTRUCTIONS

1. Email this document with all required fields completed to ComplianceANZ@IsagenixCorp.com. The “from” email address must match the email address on record for the requesting Associate.
2. Upon receipt of this request, you will be notified via email or phone.
3. If approved, all placement and Sponsor change requests should be completed within two business days.
4. The requesting Associate will only be charged if the request is approved.

ISAGENIX POLICY

1. If an Associate believes they have misplaced a newly enrolled Associate in their Team Placement Tree and/or enrolled the Associate with the wrong Enrolling Sponsor, they may request a Placement and/or Sponsor Change. Placement changes are defined as moving a newly enrolled Position Holder to the bottom outside left or bottom outside right positions on the Team Placement Tree. Vertical placement changes are not allowed. Sponsor changes are defined as changing the Enrolling Sponsor of a newly enrolled Position Holder.
2. If a Placement Change is requested within three business days of a new Associate’s enrollment, the placement change will be processed free of charge. If the Placement Change is requested within four to five business days of the new Associate’s enrollment, the requesting Associate will be assessed a \$25 fee. If the Placement Change is requested after five business days or when commissions have closed, it will only be granted upon approval from Isagenix management. A Placement Change requiring management approval will cause the requesting Associate to be assessed a \$100 fee. All Placement and Enrolling Sponsor changes are subject to review by Isagenix ANZ prior to processing.
3. If the newly enrolled Associate has a Sales Team, the placement change will require management approval and the requesting Associate will be assessed a \$100 fee.
4. If an Associate believes they have placed a new Associate under the wrong Enrolling Sponsor, they may request a Sponsor Change, which leaves the new Associate in the same Position but with a new Enrolling Sponsor on their support team. All Enrolling Sponsor changes will be subject to the fee schedule described above.

By signing the fields below, all parties are certifying that they agree to the requested Placement or Sponsor Change and the accompanying fee to be charged to the credit card provided. All parties agree that they have the authority to request the placement or Sponsor change.

Associate Requesting the Change (must be the Enrolling Sponsor of the Associate to be changed)

Name: _____ Phone: _____
 Member ID: _____ Email: _____
 Signature: _____ Date: _____

Associate to be changed

Name: _____ Current Enrolling Sponsor: _____
 Member ID: _____ Current Placement Sponsor: _____
 Phone: _____ Signature: _____

Change requested (only where applicable)

New Enrolling Sponsor: _____ New Placement Sponsor: _____
 New Enrolling Sponsor Member ID: _____ New Placement Sponsor Member ID: _____
 Left or Right Sales Team: _____

Placement and Sponsor changes are subject to approval at the sole discretion of Isagenix.
 FOR OFFICE USE ONLY

Date Received: _____ Date Completed: _____ Processed by: _____
 Approved Denied

