



REQUEST FOR RE-ENTRY POSITION

Associate Name: _____ Date: _____

Associate ID Number: _____

List any additional Isagenix Positions to which you have an interest (including prior awarded Re-entry Positions, spousal positions, or corporate ownership):

I wish to apply to have a Re-Entry Position inserted above my current Position. I understand that this application is subject to review and approval by Isagenix and subject to my meeting the following minimum criteria:

1. I have been a Paid-As Executive for a minimum of the last three consecutive months.
2. I have achieved a total of 225 Cycles from my Position in a single week for the last 3 consecutive weeks, or I have achieved an average of 180 weekly cycles in the last 4 weeks.
3. I am an Associate in good standing and am not currently suspended or under investigative audit by the Isagenix Compliance Department.
4. I understand the importance and agree to actively provide continued support to my existing Position(s) team members while I build my new inserted Re-Entry Position.
5. I am not directly or indirectly engaged in the recruiting, ownership, management or development of another network marketing company, nor will I become directly or indirectly involved in any network marketing or other competing company in the future without the prior written approval from Isagenix.
6. I understand that my Re-Entry Position is directly tied to my existing Position(s) and cannot be independently sold, transferred or assigned to another person or entity without the prior written approval by Isagenix.
7. I agree that this inserted Re-Entry Position, as well as my Position, are subject to all Isagenix Policies and Procedures and Compensation Plan as currently published or as amended in the future. This includes my understanding that for purposes of qualification and advancement in rank and eligibility for commissions, each Position (Primary and Re-Entry) will be required to meet and maintain the qualifications for Active status, advancement in rank and bonus eligibility independent of each other.
8. I further agree and understand that Isagenix reserves the right, in its sole discretion, to subsequently amend its Policies and Procedures and/or Compensation Plan.

Note: The Re-Entry Position will be able to count the Group Volume (GV) of the Primary Position as its Major Volume Sales Team, but is not able to count Personally Enrolled Associates previously enrolled by the Primary Position as part of its qualifications.

Signature: _____ Date: _____

Primary Position is defined as the Isagenix Independent Associate Position that originally qualifies for and is granted an inserted Re-Entry.

Please e-mail or fax this document to (e-mail) Compliance@IsagenixCorp.com or (fax) 480-636-5377.

OFFICE USE ONLY

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