

## Instructions

1. Please e-mail this document with all required fields completed to the following e-mail address: Placement@IsagenixCorp.com. The "from" e-mail address must match the e-mail address of record for the requesting Associate.
2. Upon receipt of this request, Isagenix will confirm this request either by return e-mail or phone.
3. If approved, all placement or sponsor change requests should be completed within 2 business days.
4. The 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 genealogy 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. Vertical Placement Changes are not allowed. Enrolling Sponsor Changes are defined as changing the Sponsor of the newly enrolled Position Holder to a new Sponsor.
2. If a Placement Change is requested within 3 business days of a new Associate enrollment the Placement Change will be processed free of charge. If the Placement Change is requested within 4-5 business days of the new Associate enrollment the requesting Associate may be assessed a \$25 fee. If the Placement Change is beyond 5 business days, or commissions have closed, the placement will only be granted upon approval from Isagenix management. A placement requiring management approval may cause the Associate to be assessed a \$100 fee. All Placement and Enrolling Sponsor Changes are subject to review by Isagenix prior to processing.
3. If the newly enrolled Associate has a downline the Placement Change will require management approval and will be assessed a \$100 fee.
4. If the Associate believes they have placed a new Associate under the wrong Enrolling Sponsor they may request a Sponsor Change, thus leaving the new Associate in the same position but with a new Enrolling Sponsor within their upline genealogy. All Enrolling Sponsor Placement Changes will be subject to the fee schedule as described above.

**By signing the fields below all parties are certifying that they agree to the requested Sponsor or Placement Change and the accompanying fee to be charged to the credit card provided. All parties agree that they have the authority to sign on behalf of the interested parties and have the authority to request the Sponsor or Placement Change.**

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Associate ID Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Associate to be Changed

Name: \_\_\_\_\_ Current Enrolling Sponsor: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ Current Placement Sponsor: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

### Change Requested *(only where applicable)*

New Placement Sponsor: \_\_\_\_\_ New Enrolling Sponsor: \_\_\_\_\_  
 New Placement Sponsor ID: \_\_\_\_\_ New Enrolling Sponsor ID: \_\_\_\_\_  
 Left or Right Leg: \_\_\_\_\_

**All Sponsor/Placement changes are subject to approval at Isagenix sole discretion.**

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