

## 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. 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 [CustomerServiceEU@IsagenixCorp.com](mailto:CustomerServiceEU@IsagenixCorp.com) or by using the 'submit' button below

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

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### Residential Information

Previous Address:

Current/New Address:

Shipping 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 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

A copy of a valid passport or relevant government issues residency permit

Documentation of new address (e.g. utility bill, copy of lease, mortgage agreement, bank statement, Tax Office correspondence)

NOTE: telephone or internet invoices are not accepted

Additional comments:

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

Office Use Only			Approved
Date Received:	Date Completed:	Processed By:	Denied