COMBINED SPOUSES
REQUEST FORM

RECOGNITION

Qualifying Associates may apply to combine account income achievements for recognition purposes only (e.g., at events, monthly recognition, cumulative earnings, etc.). For the purposes of this form, combining accounts will refer to combination of account income achievements. Associates will not see any changes to recognition rank or other changes to their accounts in their Back Office.

ISAGENIX POLICY

1. To apply, one Associate must have a recognition rank of 3-Star Golden Circle or above.
2. Associates who are married, in a domestic partnership, or in any other legally recognized union in their state of domicile are eligible to apply to combine accounts. Supporting documentation must be provided to Isagenix at the time of application.
3. Isagenix does not combine ranks for spouse accounts.
4. If a new request is made within three months of either applicant reaching a business milestone, Isagenix will make reasonable efforts to adjust the applicant's announcement and/or success story accordingly.

INSTRUCTIONS

1. Please email this document with all the required fields completed to the following email address: Recognition@IsagenixCorp.com.
2. Upon receipt of this request, the Isagenix Recognition team will review the Combined Spouses Request Form. Isagenix will provide applicants with a response within five (5) business days from the date of submission.
3. If approved, the Isagenix Recognition team will combine spouse accounts from the Member join date to the date of the Associate's request.
4. If approved, please update your recognition name in the Associate Back Office to reflect both you and your spouse to ensure both are recognized moving forward.
5. If at any point in time you would like to void this request, please submit the Combined Spouses Request Form to Recognition@Isagenixcorp.com and add in the Additional Comments that you would like to void the original request. This form would also need to be signed and dated by both parties.

By signing the fields below, all parties are certifying that they agree to the Combined Spouses Request Form. If a party signing below is not the named party on the account, that party will be required to provide documentation indicating that he or she has (1) legal authority to sign on behalf of the interested parties and (2) the authority or consent of the named party to request the combination of accounts. Please note that submission of the Combined Spouses Request Form does not guarantee approval by Isagenix. All requests, recognition, and eligibility for combined spouse accounts are subject to the sole discretion of Isagenix and are subject to change without prior notice.

FORM

Name _____ Spouse Name _____

Member ID _____ Spouse Member ID _____

Recognition Rank _____

Additional Comments _____

_____ _____ _______________

Member Spouse Date

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