

# XanGo<sup>tm</sup> Sponsor/Placement Change Request Information/Instruction Page

Office Use Only: \_\_\_\_\_

Rev 2004.06.30.01

## Instructions:

1. Select the distributor within your downline organization that you desire to move.
2. Evaluate if the desired distributor is eligible to be moved. (See Policies & Procedures G-3 & G-4 – specifically:  
1) Has the distributor previously been moved? 2) Is the distributor below the rank of 20K?).
3. All Parties required to sign the form, agree to the change, and to the consequences of this change.
4. If desired distributor is eligible to be moved, fax or mail a copy of the XanGo Sponsor or Placement Change Request Signature Page to all parties required to give written consent for the move. Fill out all required information. (Note: Joint distributor accounts require ALL parties to sign for that distributorship).
5. Once the signed form is returned to you, make a copy of the paperwork for your records. Submit a copy of this form, the signature page, and processing fee to the XanGo Compliance Division. XanGo is not responsible for incomplete, incorrect, or lost requests. **XanGo will only accept both forms (Information and Signature) once they are filled out correctly and completely with all required signatures. These completed documents, the required fee, and a NEW distributor application must be received by XanGo on or before the 20<sup>th</sup> of the month by 5:00 P.M. (MST) to be effective for the current month's commissions. The changes will be made upon approval of the compliance division, and may affect unpaid commissions.**

## Distributor Requesting Change:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dist ID: \_\_\_\_\_

Email: \_\_\_\_\_

## Distributor To Be Changed:

Name: \_\_\_\_\_ Dist ID: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Has this distributor been moved before?  Yes  No

Highest Rank: \_\_\_\_\_ Current Volume: \_\_\_\_\_

## XanGo CURRENTLY Shows:

SPONSOR: \_\_\_\_\_ SPONSOR ID: \_\_\_\_\_

PLACEMENT: \_\_\_\_\_ PLACEMENT ID: \_\_\_\_\_

## REQUESTED Change:

SPONSOR: \_\_\_\_\_ SPONSOR ID: \_\_\_\_\_

PLACEMENT: \_\_\_\_\_ PLACEMENT ID: \_\_\_\_\_

Distributor to bill: \_\_\_\_\_ Dist ID: \_\_\_\_\_

Payment Method:

Check/Money Order: \$ \_\_\_\_\_ Number: \_\_\_\_\_

Credit Card: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(*Visa/Master Card/Discover/American Express/JCB*)

Name on Card: \_\_\_\_\_

For XanGo Use Only: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_