

# XanGo™ Placement Change Request

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

Rev 2004.06.30.01

## Signature Page

The following change is being requested, pending proper authorization and approval by XanGo™, according to current XanGo™ Policies and Procedures. By signing below, each individual agrees to this change and is representing that such individual is authorized to sign on behalf of the individual or entity indicated. This change may affect unpaid commissions and/or qualifications. All parties agree to the requested change and to the consequences of this change. XanGo™ does not agree to make all requested changes by accepting this form. The change will take effect upon approval by the XanGo™ Compliance Division, as described in G-3 & G-4 of XanGo™ Policies and Procedures. Please allow 10-20 business days for processing.

### Distributor Requesting Change:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

### Distributor To Be Changed:

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

### XanGo CURRENTLY Shows:

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

### REQUESTED Change:

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

## Authorization

### Distributor Being Moved:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 1<sup>st</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 2<sup>nd</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 3<sup>rd</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 4<sup>th</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 5<sup>th</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 6<sup>th</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 7<sup>th</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 8<sup>th</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Upline 9<sup>th</sup> Level:

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

Signature: \_\_\_\_\_

Approved on \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE RETURN THIS PAGE TO: \_\_\_\_\_ FAX: \_\_\_\_\_ BY \_\_\_\_/\_\_\_\_/\_\_\_\_