

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 1st Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 2nd Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 3rd Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 4th Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 5th Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 6th Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 7th Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 8th Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

Upline 9th Level:

Name _____

Phone (_____) _____ - _____ ID# _____

Signature: _____

Approved on ____/____/____

PLEASE RETURN THIS PAGE TO: _____ FAX: _____ BY ____/____/____