

Request For Approval of A Placement Change



13981 McGregor Blvd., #105 Ft. Myers, FL 33919

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**FORM MUST BE COMPLETELY FILLED OUT
OR REQUEST MAY BE DECLINED.**

PLEASE ENTER THE INFORMATION OF THE PERSON YOU ARE REQUESTING TO RELOCATE:

Last Name		First Name		Middle Initial
Business Name if Applicable		Promoter ID Number		
Street Address (P.O. Boxes cannot be used)		City	State	Zip
Email Address	<input type="checkbox"/> Social Security Number or <input type="checkbox"/> Federal Tax ID Number		Home Telephone	
Work Telephone	Fax Number		Other Number	

To protect the integrity of all marketing organizations and safeguard the hard work of all Promoters, XIP4Life strongly discourages changes in placement. Maintaining the integrity of the downline is critical for the success of every Distributor and marketing organization, and is rarely permitted. Placement changes will be considered only in the following 2 circumstances (please check the box that applies to this request):

- ☐ Processing Error. Placement is not as intended and correction is requested. These requests must be made within 7 days of enrollment.
- ☐ Fraudulent Inducement. Placement is a result of a severe ethical violation by the sponsor or upline. Requests of this nature will be evaluated on a case-by-case basis with XIP4Life having the final decision whether such infraction occurred and if request is warranted.

Please explain reasons for such requests below:

CURRENT PLACEMENT	Promoter Number	Promoter Name	Left or Right
			<input type="checkbox"/> L <input type="checkbox"/> R
REQUESTED PLACEMENT	Promoter Number	Promoter Name	Left or Right
			<input type="checkbox"/> L <input type="checkbox"/> R

Sponsoring Promoters Signature: _____ Date: _____

Promoters Signature: _____ Date: _____

XIP4Life reserves the right to make final decisions on all placement changes.

When completed, send to XIP4Life Corporate headquarters: 13981 McGregor Blvd., #105, Ft. Myers, FL 33919 or fax to: 707-922-7073.

For Office Use Only	Received By	Month	Day	Year