

Name of person making request _____ Enrollment Date _____ Today's Date _____
 Phone number _____ Email address _____ Signature _____

72-HOUR PLACEMENT CHANGE

Check Here. (Please attach a completed membership application)

— OR —

NON 72-HOUR PLACEMENT CHANGE. (Please complete below for all NON 72-hour changes)

Check Here. Please give justification. (Requests will not be accepted without detailed justification)

Continue as attachment (if necessary)

I hereby request Synergy WorldWide to change the placement upline:

OF: _____ ID Number _____

Team Member Name

FROM: _____ ID Number _____ 1 2 3 L R

Prior Upline Member Name

TO: _____ ID Number _____ 1 2 3 L R

New Upline Member Name

Team Member Signature _____ ID Number _____

Sponsor's Signature _____ ID Number _____

Sponsor's Sponsor Signature _____ ID Number _____

Please provide drawing of new downline.

Attach diagram (if necessary)

Please include signatures of all upline distributors that will be affected by this change.

Attach addendum (if necessary)

Please note: If this request is approved, the requesting distributor will be charged a \$10 fee for each individual moved. This will be charged at the time the changes are made.

Visa Mastercard American Express Discover

Name on Card _____

Signature of Card Holder _____

Credit Card Number _____ Expiration _____

I hereby authorize Synergy WorldWide to charge my credit card for the processing fee associated with this placement change.

Note: Synergy will not make any changes unless the change is necessary due to team member's error and within 72 hours from sign-up; or Synergy's error. Synergy reserves the right to approve or deny placement changes on its own volition.

OFFICE USE ONLY

FEE PAID

CHECK #