

Name		Distributor ID number	
Date	Bonus Period	Check Number	

OFFICE USE ONLY

REASON FOR REQUEST

- Original check lost in mail
- Name change
- Other. Please explain: _____

UNDERSTANDING AND AUTHORIZATION

I understand I am giving up all rights to the original check and will immediately contact and/or return it to Synergy WorldWide if I receive it at any point in time. If I cash the original check prior to receiving the requested replacement check, I will be charged a \$15 service fee.

Signature

Date