



FOR OFFICE USE ONLY PT# _____

DOWNLINE RESTRUCTURE REQUEST FORM

A Downline Restructure Request form is required for any Sponsor Change Request submitted after the grace period. The Business Systems Process Analyst will provide a Signature Release form and a list of upline Associates who have earned commissions during the previous month in the line of sponsorship (up to the first upline Presidential and the next higher Presidential rank) of the account requesting restructuring. These Associates must approve the request by signing the Downline Signature Release form. If the Analyst does not receive the signed release form within 45 days from the date the list of signatures was provided, the request will be denied.

The following criteria will apply:

- One downline restructure request per Associate account.
- A request can only be processed once for the lifetime of the account.
- The Associate account must be active and in good standing.
- No cross-sponsoring.
- If applicable, an Enroller Change Request form may be required.

Requested by: (Please print.)

NAME _____

ACCOUNT NO. _____

PHONE NO. _____

REQUESTOR SIGNATURE _____

Associate needing the Downline Restructure: (Please print.)

NAME _____

ACCOUNT NO. _____

PHONE NO. _____

ASSOCIATE SIGNATURE _____

Statement: By signing this form, I agree to the Associate above changing his/her Sponsor from:

ACCOUNT NO. _____ NAME _____ to

ACCOUNT NO. _____ NAME _____ or TAX I.D. NO. _____

Business explanation for request: (Please attach additional pages if applicable.)

PAYMENT INFORMATION—CREDIT CARD ONLY

PLEASE COMPLETE ALL INFORMATION BELOW AND AT RIGHT.

Processing Fee* \$100

State & Local Sales Tax \$ _____

Total Amount Due \$ _____

*\$100 fee will be non-refundable regardless of the outcome.

☐ VISA® ☐ MASTERCARD® ☐ DISCOVER® ☐ AMERICAN EXPRESS®

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

NOTE: For your protection, Mannatech reserves the right to hold the Downline Restructure Request until the address verification for the credit card has been validated. Declined credit card processing fees will be held for authorization for 10 business days. If we are unable to obtain an authorization, we will cancel the request.

X
ACCOUNT HOLDER'S SIGNATURE _____ DATE _____

ACCOUNT HOLDER'S NAME PRINTED _____

ACCOUNT HOLDER'S BILLING ADDRESS _____

Fax the completed form to 972-471-7472, attention: Business Systems Process Analyst.