



LEVEL CHANGE REQUEST FORM

The request is for the following associate:

Name: _____ WS Code #: _____ Date: _____

Level Change

The new Contract Level for the WSIA associate is effective starting from ____ / ____ / ____

and approved at:

- (check one): 1 Star VP 2 Star VP
 3 Star VP 4 Star VP

Please provide an explanation for the level change: _____

Associate being promoted Signature	WS Code#	Date

Promoting Vice President (Upline VP)	WS Code#	Date

Dedicated or Non-Dedicated

(check one): Dedicated Non-Dedicated Undecided

Infinite Power Leg Option

(check one): Opt-In Opt-Out Undecided

Home Office Use Only