



TRANSFER OF OWNERSHIP FORM

This form may be submitted by an Independent Business Owner (IBO) who chooses to relinquish ownership of their current position with LifePharm Global Network (LPGN). By submitting this request, once approved IBO acknowledges they will no longer be an IBO with LPGN and they are transferring ownership to an individual who is not currently enrolled with LPGN or has completed the six (6) month waiting period to re-enroll. Information with an asterisk (*) is required. Incompleted forms will not be processed until further information is received.

Please submit form to LifePharm Global Network, 32 Rancho Circle, Lake Forest, California 92630 or fax to 949.216.9601

EXISTING OWNER DETAILS

*First Name: _____	*Last Name: _____	If using a business entity Business Name: _____
*IBO ID #: _____	*Phone: () - _____	

*Email: _____

- Enclose a copy of the transferor’s Identity Card/US Drivers License, Passport, or other forms of Identification
- An administrative charge of \$25 USD must be settled before the transfer takes place
- Any outstanding balance on the transferor’s eWallet account must be zeroed out before or at the time of requesting the transfer of ownership

Please transfer the ownership of my account and ensure that all future reward commissions and bonuses earned from this account be remitted to the following with immediate effect. I have duly updated all the allowed fields of the personal profile section and have allowed all information reset for and to the new owner. I do understand that transferring of my ownership to a new individual, that upon completion, I will no longer be an IBO of LPGN.

 *Transferor’s Signature MM/DD/YYYY
*Date

NEW OWNER DETAILS

*First Name: _____	*Last Name: _____	If using a business entity Business Name: _____ EIN: _____ Business entities must submit a document showing their Business Name with the proper EIN. Corporations must also submit a copy of Articles of Incorporation.
*SSN: - - _____	DOB: MM/DD/YYYY	
*Billing Address: _____		
*City: _____	*State: _____	
*Phone: () - _____	*Zip Code: _____	Country: U.S.A.

I hereby take ownership of the following ID # _____ . *Email: _____

- New owner must purchase an Enrollment Pack by submitting a new LPGN IBO Application & Agreement at the time of transfer
- New owner of this account accepts any tax related responsibilities and obligations arising from earnings already made within the current calendar year by the previous owner prior to the transfer of ownership
- Ownership transfer will be done within three business days of the company receiving all documents
- The Company reserves the right to approve or deny the transfer

I am fully aware of the transfer and agree to abide by the Transfer of Ownership guidelines laid down by the company. I hereby accept the ownership for the aforementioned IBO account and fully acknowledge and agree to LPGNs Policies & Procedures and accept the Terms & Conditions.

 *Transferee’s Signature MM/DD/YYYY
*Date

FOR OFFICE USE ONLY

Received and Checked by: _____	Date: MM/DD/YYYY	Approved and Edited by: _____	Date: MM/DD/YYYY
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Transferor = existing IBO
Transferee = new account owner