

RAIN INTERNATIONAL

825 E 1180 S, Suite 310 | American Fork, Utah 84003 | 1.855.724.6606

SPONSOR CHANGE FORM

1. Please submit this form with all required fields completed to: Rain International, Rain Partner Education and Compliance Department, 825 E 1180 S, Suite 310, American Fork, Utah 84003, or email to compliance@rainintl.com.
2. By completing and submitting this form, the Rain Partner requests to be transferred from his/her current Sponsor to the Sponsor identified on this form.
3. A fee of **Fifty Dollars (\$50.00 USD or equivalent local currency)** will be charged for each Sponsor change request submitted. No Sponsor changes will be allowed after sixty (60) days past enrollment.
4. If approved, transferring Rain Partners should allow five (5) business days after receipt of this completed form by the Company for processing and verifying change requests.
5. Changes in Sponsor may affect commissions and/or qualifications. The Company is not responsible for adjusting any affected commissions and/or qualifications.
6. Each change request is reviewed on a case-by-case basis. The Company reserves the right, in it's sole discretion, to refuse any Sponsor change request.

RAIN PARTNER TO BE MOVED

Last Name	First Name	M.I.	Rain Partner ID No.
Signature	Date	Email	Phone

YOUR CURRENT SPONSOR

Last Name	First Name	M.I.	Rain Partner ID No.
Signature	Date	Email	Phone

YOUR FIRST GENERATION UPLINE EXECUTIVE RAIN PARTNER

Last Name	First Name	M.I.	Rain Partner ID No.
Signature	Date	Email	Phone

YOUR SECOND GENERATION UPLINE EXECUTIVE RAIN PARTNER

Last Name	First Name	M.I.	Rain Partner ID No.
Signature	Date	Email	Phone

YOUR THIRD GENERATION UPLINE EXECUTIVE RAIN PARTNER

Last Name	First Name	M.I.	Rain Partner ID No.
Signature	Date	Email	Phone

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SPONSOR CHANGE REQUEST FORM

YOUR FOURTH GENERATION UPLINE EXECUTIVE RAIN PARTNER

_____ Last Name	_____ First Name	_____ M.I.	_____ Rain Partner ID No.
_____ Signature	_____ Date	_____ Email	_____ Phone

YOUR PROPOSED SPONSOR

_____ Last Name	_____ First Name	_____ M.I.	_____ Rain Partner ID No.
_____ Signature	_____ Date	_____ Email	_____ Phone

By signing in the fields above, all parties are certifying that they agree to the requested Sponsor Change and the resulting consequences. Each party is representing itself or is certifying that it is authorized to sign on behalf of the individual or entity indicated.

RAIN PARTNER BILLING INFORMATION

_____ Last Name	_____ First Name	_____ M.I.	_____ Rain Partner ID No.
<input type="checkbox"/> Cashier's Check or Money Order (Make payable to Rain International)	_____ Email		
<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
_____ Card Number	_____ Expiration Date (MM/YYYY)	_____ CVV Code	
_____ Name on Card	_____ Signature		

OFFICE USE ONLY

_____ Date Received	_____ Date Completed	_____ Processed By
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	