

## **IMD Business Transfer Policies**

IMD Business Transfer - is defined by the current owner of a pay center and it's designations (multiple pay centers when applicable) wishing to allow another entity to take over all rights to the pay center and become the new owner of the pay center; thereby relinquishing all future rights to that center. The pay center remains stationary in its hosting and placement location and may not be changed under any circumstance.

**NOTE: AN ENLARGED COPY OF THE OWNER'S AND TRANSFEREE'S DRIVERS LICENSE MUST ACCOMPANY TRANSFERS.**

### **Guidelines:**

1. If sold to existing IMD, Business purchased must have a separate ID # than the existing IMD (IMD will need to get a Federal Identification Number for the purchase).
2. Business purchased from an IMD will stand alone as a separate business.
3. Business purchased from an IMD will be required to meet all the qualifications of bonus qualified and hosting bonus qualified to receive commissions and income.
4. When Business is sold, it must be offered to up-line hosting lineage through two Platinum Presidential Directors first.
5. If no buyer is found through up-line hosting lineage, Business can be sold to an outside person (someone who is not already an IMD). Copy of up-line hosting lineage through two up-line Platinum Presidential Directors offer to purchase must be attached.

**I understand, if the center I'm acquiring is PD or higher, I cannot represent myself in any way as that level. Although paid according to the compensation rules, I will have to attain each PD level for recognition and perks according to the PD program rules.**

**Team National may refuse or reverse (at any time) a transfer it deems will jeopardize the integrity or success of the company.**



# Team National

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## IMD BUSINESS TRANSFER REQUEST AGREEMENT

### STEP ONE: OWNER – the person relinquishing all rights to the pay center.

**IMPORTANT: MEMBERSHIP MUST BE FULLY PAID OFF AT THE TIME THIS TRANSFER IS SUBMITTED.**

I \_\_\_\_\_ ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Request transfer of my Independent Marketing Director Business to : \_\_\_\_\_ for the amount of \$ \_\_\_\_\_. Social Security # or FIN: \_\_\_\_\_. I understand that I am obligated to offer my **Host:** \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ the opportunity to acquire my IMD Business. I acknowledge that Team National may refuse or reverse (at any time) a transfer it deems will jeopardize the integrity or success of the company.

**Owner's Signature:** \_\_\_\_\_

**NOTE: A COPY OF THE OWNERS DRIVERS LICENSE MUST BE INCLUDED.**

### STEP TWO: TRANSFEREE – the person taking over the pay point.

**WHAT IS YOUR RELATIONSHIP TO THE OWNER LISTED ABOVE? PLEASE CHECK ONE OF THE FOLLOWING:**

- 1. I am the Host of the person named above.
- 2. The current owner of the IMD Business is in my Organization.
- 3. I am currently not associated with Team National.

(A complete, signed Independent Marketing Director Agreement & Disclosure Form must be attached)

**I understand if the center I'm acquiring is PD or higher, I cannot represent myself in any way as that level. Although paid according to the compensation rules, I will have to attain each PD level for recognition and perks according to the PD program rules.**

**Transferee's Signature** \_\_\_\_\_ **\$100 Non-refundable processing fee enclosed.**

**NOTE: A COPY OF THE TRANSFEREE DRIVERS LICENSE MUST BE INCLUDED.**

### STEP THREE: HOST

**EVERY HOSTING BONUS QUALIFIED UPLINE HOST MUST SIGN OFF ON THE IMD BUSINESS TRANSFER REQUEST AGREEMENT. EVERY UPLINE HOST THROUGH TWO PLATINUM PRESIDENTIAL DIRECTORS MUST SIGN OFF ON THIS AGREEMENT IN ORDER TO BE APPROVED.**

#### **UPLINE HOST SIGN OFF LIST**

**By signing this agreement I am waiving the right to transfer this pay center into my name for this request.**

First Name	Last Name	Signature	Telephone	Date

**If paying with credit card, please complete the information below:**

I hereby authorize Team National (or its agent) to charge my credit card account for a **\$100** non-refundable processing fee.

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_