

## REQUEST FOR FACILITATIVE MEDIATION

Independent Business Owner Name(s)	Your Individual Name(s), if different	Your IBO No.
Address	City	State
		Zip +4 (if known)
Business Phone No.	Sponsor Name	
Cell Phone No.	First Upline Platinum Name	
Home Phone No.	First Upline Diamond Name	
Email Address	Approved Provider / Affiliation	

I (we) request Facilitative Mediation under Rule 11.4 of the Amway Rules of Conduct (“Rules”) to resolve a Dispute. My (our) request is based on the following: (Please provide a description of the Dispute, the Rules that may pertain to the Dispute, and support with all documents, correspondence or evidence. Use additional sheets if necessary.)

I (we) understand that current/former IBOs may at his/her/their sole discretion, opt out of the Mediation process at any time, before or during either the Facilitative Mediation or Hearing Panel stages, and may instead proceed directly to Binding Arbitration pursuant to Rule 11.5. I (we) also understand that while inperson mediation is not required, if the IBO(s) choose(s) to attend Facilitative Mediation in person, the IBO(s) are responsible for their own expenses.

Signature	Date

Signature	Date

Return To: Business Conduct 78-2R  
 Amway  
 7575 Fulton Street East  
 Ada, MI 49355-0001

Revised 6/20