

REVOCATION FORM

Neumi, LLC
8730 S Harrison St,
Sandy, UT 84070

Dear Neumi Support Team,

I, _____, holding the position of Independent Distributor in Neumi, LLC, hereby formally revoke any and all authorization granted to:

- Full Name of Third Party: _____
- Customer ID of Third Party: _____

to conduct the following transactions on my behalf, effective immediately::

- Conduct financial transactions, including but not limited to deposits, withdrawals, and transfers.
- Make purchases using my funds or accounts.
- Use any commissions, benefits, or rewards earned through transactions on my behalf.
- Make changes to my account or any orders made on it.
- Change my Login information to access the back office (Username and password)

This revocation is made with the understanding that _____ is no longer authorized to act on my behalf in any financial matters with Neumi. I expect that all necessary actions will be taken to immediately terminate any access, permissions, or authorizations previously granted to _____ with respect to my accounts and personal information.

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I request confirmation of the revocation of these authorizations in writing, including any actions taken to ensure that _____ can no longer access my accounts or perform any transactions on my behalf. Please send this confirmation to the address provided above and via email to the email address associated with my account.

I appreciate your prompt attention to this matter and request that you provide written confirmation of the revocation at your earliest convenience.

Thank you for your cooperation in this matter.

Sincerely,

cc: _____ cc: _____ cc: _____