



Sponsor/Placement Change Request

Company Use Only:

Instructions: Please fill out the request completely

1. A Distributor may apply to change the Sponsor and/or Placement of itself or a personally sponsored Distributor.
2. A Distributor may be move to a new Placement within the Distributors down line Organization if it obtains the written authorization of the original Sponsoring Distributor, provided that: (A) The move is within [90] days from the date of sign-up; (B) The move is three [3] levels or less below the Distributor; and (C) The Distributor's down line organization has not surpassed 2,500 in monthly group volume.
3. A Distributor may be moved to a new Placement Sponsor upline provided it obtains written authorization from each Distributor it moves above in Placement.
4. A Distributor is permitted only one Sponsor and one Placement change, and the respective change will be final.
5. A fee of \$35 USD will be charged for each Sponsor/Placement change request submitted. This fee will be charged even if the request is rejected by Be Young Total Health. Change request forms must be completed and received at Be Young Total Health by 5pm MST on the 20th day of the month. Request received after this deadline will be processed for the following month.
6. Because of the need to maintain the integrity of down line Organizations, a Sponsor/Placement change may not be feasible.
7. A current and accurate Distributor Agreement must be on file for all Distributor requesting a Sponsor/Placement Change.
8. Be Young Total Health is not responsible for incomplete, incorrect, or lost request.
9. All changed will be made upon approval of the Be Young Total Health Distributor Advisory Board and may affect commissions and/or qualifications.

Distributor Requesting the Change

Name: _____
 OPEU #: _____
 Date: _____

Phone: _____
 Email: _____

Distributor to be Changed:

Name: _____
 Member # _____
 Current Volume: _____

Enrollment Date: _____
 Phone: _____
 Signature: X _____

BYTH Current Records List:

Sponsor: _____
 Sponsor Member #: _____
 Signature: X _____

Placement: _____
 Member #: _____

Requested Change

Sponsor: _____
 Member #: _____

Placement _____
 Member #: _____

Distributor to Bill

Payment Method:
 Check/Money Order: \$ _____
 Credit Card: _____
[Visa/MasterCard/Discover/American Express]
 Name on Card: _____

Member

CC Number: _____
 Expiration: _____ / _____
 Signature: X _____

The above change is being requested, pending authorization and approval by the Be Young Distributor Advisory ZDP, according to current Be Young Total Health Policies and Procedures. Each party, whose signature appears on this form, agrees to the change and to the consequences that may follow. Each party is representing itself or is certifying that it is authorized to behalf of the individual or entity indicated. In accepting this form, Be Young Total Health is not agreeing to make all requested changes.