



# 72 Hour Placement Change Request

The following change is being requested within 72 business hours from the time of enrollment, pending approval by the ASEA Compliance Department according to ASEA Policies and Procedures. By signing below, each individual agrees to this change and is representing that they are authorized to sign on behalf of the individual or entities indicated. This change may affect commissions and/or qualifications. ASEA does not agree to make all requested changes by accepting this form. The 72 Hours Placement Change Request form must be received within 3 business days (72 hours) from date of enrollment. Please allow 5–10 business days for processing.

### Associate Sponsor Requesting Change

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

### Associate Being Moved

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

### CURRENT ASEA PLACEMENT

Placement Associate ID#: \_\_\_\_\_ Placement (Please Circle): Left or Right

### REQUESTED PLACEMENT CHANGE

Placement Associate ID#: \_\_\_\_\_ Placement (Please Circle): Left or Right

### Placement Change Authorization

#### Associate Being Moved

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Sponsor of Associate Being Moved

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to ASEA Compliance Dept. at (801) 618-3955.