



Enroller Change Request Form

FOR OFFICE USE ONLY
EC# _____

Check one: Distributor Customer

After the three (3) business days allowance, Enroller changes will only be permitted if Kuvera is notified in writing through the use of this form by either the Applicant or Enroller. All change requests require a processing fee of \$50 US. There is no exception to the processing fee and all submissions that have not paid the fee will be returned. You may pay the change fee by selecting it in your back office and include your receipt of payment with the submission of this form.

Note: If the Distributor has been enrolled for more than 3 business days and up to 14 business days, the request must be accompanied by the written consent of the Enroller. The signature of the three (3) immediate Distributors in the upline organization are required for requests that are outside of the 14-business day window. The decision to approve or deny the request will be based solely on the Company's ability to ensure the integrity of commissions.

Requested by: (Please print)

NAME _____
 ID NO. _____
 PHONE NO. _____
 EMAIL _____

Distributor/Customer needing the Enroller change: (Please print)

NAME _____
 ACCOUNT NO. _____
 PHONE NO. _____
 EMAIL _____

DISTRIBUTOR/CUSTOMER SIGNATURE:

 (Required only if the Distributor/Customer is requesting the change.)

Statement: By signing this form, I agree to the Distributor/Customer above changing his/her Enroller from:

ID NO. _____ NAME _____ to
 ID NO. _____ NAME _____

Approval Signatures: All required signatures must be provided or the request will be denied. Distributors/Customers who submit forged signatures to the Company are violating state and federal laws and may be subject to immediate termination.

Current Enroller:

(ID #) _____	(PRINT NAME) _____	(SIGNATURE REQUIRED) _____
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Upline

(ID#) _____	(PRINT NAME) _____	(SIGNATURE REQUIRED) _____
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(ID #) _____	(PRINT NAME) _____	(SIGNATURE REQUIRED) _____
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(ID #) _____	(PRINT NAME) _____	(SIGNATURE REQUIRED) _____
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Brief explanation for request: (Please do not use more than the space provided below.)

Email the completed form along with the receipt for \$50 processing fee to change@kuveraglobal.com