

### Updating Email, Shipping/Billing Address or Phone Number

Update information by following one of the steps below:

#### 1. Back Office

Updating Email, Shipping/Billing Address for Account (Not including LRP Template\*)

- 1.1 Log in at [www.mydoterra.com](http://www.mydoterra.com)
- 1.2 Click the gear icon in the upper right hand corner
- 1.3 Under Personal Information select content to update
- 1.4 Click 'Save Changes'

Updating Email, Shipping/Billing Address or Phone Number for a LRP Template\*

\*LRP templates are not updated when information is changed in the Personal Information section of your back office.

- 1.5 Click the "SHOP" tab
- 1.6 Under "Edit a Scheduled LRP Order", click the gray button with the LRP order number
- 1.7 Click "edit" to update your shipping/billing address, payment information, email address, or your order processing date

#### 2. Member Services

- 2.1 Call (02) 8015 5080 for assistance
- 2.2 Email [australia@doterra.com](mailto:australia@doterra.com) with your Wellness Advocate number and the information you would like updated.
  - If you wish to update your email address, email [australia@doterra.com](mailto:australia@doterra.com) from your email address on file. If this is not a possibility for you, please submit this form with your updated email address.  
Old email: \_\_\_\_\_ New email: \_\_\_\_\_
  - To subscribe or update an email address for newsletters or dōTERRA Email Communication, email [australiaeditor@doterra.com](mailto:australiaeditor@doterra.com)

### Marriage or Legal Name Change (Excluding Divorce)

Please fill out the information below and attach one of the required documents to change your legal name on your account.

#### Current Information:

Wellness Advocate #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Co-Applicant Name (if applicable) \_\_\_\_\_

#### Updated Information:

Wellness Advocate #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Co-Applicant Name (if applicable) \_\_\_\_\_

#### Attach one of the five documents to designate proof of name change:

- Marriage License
- Court Petition for Legal Name Change, original or certified copy
- Passport
- Driver's License

Attach the proper documents to this form to indicate a name has legally changed and send to [australia@doterra.com](mailto:australia@doterra.com) or fax to (03) 9543 4554 with Attn: Data Entry.

### Adding a Co-Applicant

**Please fill out the information below, and attach a Wellness Advocate Agreement to this form to submit a request to add a co-applicant to an account.**

Co-Applicant Name: \_\_\_\_\_ Wellness Advocate #: \_\_\_\_\_

Send to [dataentry@doterra.com](mailto:dataentry@doterra.com) or fax to (03) 9543 4554 with Attn: Data Entry.

### Switching Primary and Co-Applicant

**If you wish to switch the position of the Primary and Co-Applicant, fill out the information below and submit the required forms:**

Wellness Advocate #: \_\_\_\_\_

Desired Primary: \_\_\_\_\_ Desired Co-Applicant: \_\_\_\_\_

Wellness Advocate Agreement       Account Information Change Form

Send to [dataentry@doterra.com](mailto:dataentry@doterra.com) or fax to (03) 9543 4554 with Attn: Data Entry.

### Changing an Account from Personal to Business Entity

**If updating an account from a personal account to a business entity account, please contact Data Entry by emailing [dataentry@doterra.com](mailto:dataentry@doterra.com) or fax to (03) 9543 4554 with Attn: Data Entry. Please attach:**

Wellness Advocate Agreement Form       Business Application Addendum

If transferring a personal account to a business account that you have no part in, submit the same forms to the Placements team by emailing [placements@doterra.com](mailto:placements@doterra.com)

### Account Transfer

**For account transfers, please refer to the account transfer form or contact [placements@doterra.com](mailto:placements@doterra.com)**

### Account Changes Due to Divorce or Death

**If changing the name on an account due to divorce or death, please contact our Compliance Department at [compliance@doterra.com](mailto:compliance@doterra.com) They will work with you to ensure you receive the best service for your case.**

### Agreement & Signature

By submitting this Account Information Change Form, I affirm that the account is my only account and I have authority to make changes to this account. I further agree that the facts set forth in this form are true and complete. Upon Company's request, I will provide the Company with additional documentation to effectuate the requested change.

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Account Holder Signature

\_\_\_\_\_  
Date