

ACCOUNT INFORMATION CHANGE FORM

UPDATING EMAIL, SHIPPING/BILLING ADRESS OR PHONE NUMBER

Update information by following one of the steps below:

BACK OFFICE

UPDATING EMAIL, SHIPPING/BILLING ADRESS FOR ACCOUNT (NOT INCLUDING LRP TEMPLATE)

- 1.1 Log in at 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 AN 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

MEMBER SERVICES

- 2.1 Call (02) 8015 5080 for assistance.
- 2.2 Email 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 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					
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 four 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 dataentry@doterra.com

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Please fill out the information below with your updated birthdate:	
WELLNESS ADVOCATE#	WELLNESS ADVOCATE NAME
	LIPDATED RIPTHDATE



ACCOUNT INFORMATION CHANGE FORM

ADDING A CO-APPLICAANT			
Please fill out the information below, and	d attach a wellness advocate agr	eement 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			
SWITCHING PRIMARY AND CO-APPI	LICANT		
If you wish to switch the postion of the	e Primary and Co-Applicant, fill	out the information below and submit the require	ed forms:
WELLNESS ADVOCATE #			
DESIRED PRIMARY:	DI	ESIRED PARTICIPANT:	
WELLNESS ADVOCATE AGREEMENT	ACCOUNT INFORMATION CHANG	E FORM	
Send to dataentry@doterra.com			
CHANGING AN ACCOUNT FROM PER	RSONAL TO BUSINESS ENTITY	(
If updating an account from a persona dataentry@doterra.com - Please attac		ccount, please contact Data Entry by emailing:	
Wellness Advocate Agreement Form	Business Application Addendum		
If transferring a personal account to a busine	ss account that you have no part in,	submit the same forms to the Placements team by emailir	ng placements@doterra.com
ACCOUNT TRANSFER			
For account transfers, please refer to the a	account transfer form or the contac	ct placements@doterra.com	
ACCOUNT CHANGEES DUE TO DIVO	RCE OR DEATH		
If changing the name on an account due to They will work to ensure you receive the be		our Compliance Department at compliance@doterra.co	m
AGREEMENT & SIGNATURE			
, ,		ny only account and I have authority to make changes tany's request, I will provide the company with additiona	
Primary Account Holder Signature*	 Date	Co-Applicant Account Holder Signature*	Date
*Please note in order for this form to be submitt a handwritten signature. Please sign where indic document to australia@doterra.com	The state of the s	*Please note in order for this form to be submitted sur a handwritten signature. Please sign where indicated, document to australia@doterra.com	