

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
- 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 800-411-8151 for assistance
- 2.2 Email canada@doterra.com with your Wellness Advocate number and the information you would like updated.
 - If you wish to update your email address, email canada@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 editor@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 four documents to designate proof of name change:

- Marriage License
- Court order for Legal Name Change, original or certified copy
- Driver's License
- Social Insurance Number

Attach the proper documents to this form to indicate a name has legally changed and send to dataentry@doterra.com or fax to 801-785-1476 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 or fax to 801-785-1476 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 Transfer Request Form Account Information Change Form

Send to dataentry@doterra.com or fax to 801-785-1476 with Attn: Data Entry.

Fixing a Birth Date or Social Insurance Number

If there is an error with the primary account holder's birth date, please fill out the following information:

Wellness Advocate #: _____ Primary Name #: _____

Primary Birth Date: _____

If there is an error with your Social Insurance Number please contact Data Entry by emailing dataentry@doterra.com or faxing 801-785-1476 with Attn: Data Entry. Attach the following documents.

Wellness Advocate Agreement W-8

In the subject line of the email, state: "Social Insurance Number Error".

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 or fax to 801-785-1476 with Attn: Data Entry. Please attach:

Wellness Advocate Agreement Business Application Addendum Account Transfer Request Form

Business License

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.

Account Transfer

For account transfers, please refer to the account transfer form or contact 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. 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