

Terms defined in dōTERRA's Marketing Plan, Code of Ethics and Sales Compensation Plan (collectively "Policy Manual") shall have the same meaning in this Account Information Change form.

## 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 <https://beta-doterra.myvoffice.com/index.cfm>
- 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 grey 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 Contact Indonesia Member Service for assistance through our email address: [indonesia@doterra.com](mailto:indonesia@doterra.com).
- 2.2 Email [indonesia@doterra.com](mailto:indonesia@doterra.com) with your Wellness Advocate number and the information you would like updated.
  - If you wish to update your email address, email [indonesia@doterra.com](mailto:indonesia@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 [indonesia@doterra.com](mailto:indonesia@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 Certificate
- Court Petition for Legal Name Change, original or certified copy
- Driver's License
- Tax Documents (TIN) or Nomor Pokok Wajib Pajak (NPWP)

Attach the proper documents to this form to indicate a name has legally changed and send to [indonesia@doterra.com](mailto:indonesia@doterra.com).

## 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 [indonesia@doterra.com](mailto:indonesia@doterra.com)

**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 indonesia@doterra.com.

 **Fixing a Birth Date or Tax Identification Number**

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

Wellness Advocate #: \_\_\_\_\_ Primary Name #: \_\_\_\_\_

Primary Birthday: \_\_\_\_\_

If there is an error with your Identity Card (KTP) Number please contact Data Entry by emailing indonesia@doterra.com and attach the following documents.

Wellness Advocate Agreement       Tax Documents (TIN) or Nomor Pokok Wajib Pajak (NPWP)

In the subject line of the email, state: "Tax Identification Number Error".

 **Changing an Account from Personal to Business Entity**

If updating an account from a personal account to a business entity account, please email indonesia@doterra.com and attach the following documents.

Wellness Advocate Agreement       Business Application Addendum       Account Transfer Request Form  
 Business License       Permanent Account Number of Business Entity

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