

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 Call India Member Service for assistance
- 2.2 Email india@doterra.com with your Wellness Advocate number and the information you would like updated.
 - If you wish to update your email address, email india@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 india@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
- Permanent Account Number Card
- Driver's License
- Aadhar Card

Attach the proper documents to this form to indicate a name has legally changed and send to india@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 india@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 india@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 Aadhar Card Number please contact Data Entry by emailing india@doterra.com. Attach the following documents.

Wellness Advocate Agreement Aadhar Card

In the subject line of the email, state: "Aadhar Card 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 india@doterra.com. Please attach:

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

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