

UPDATING EMAIL, SHIPPING/BILLING ADDRESS OR PHONE NUMBER

Update information by following one of the steps below:

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 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 'Scheduled Loyalty Orders', click the **Edit Order** button of the scheduled LRP order
- 1.7 Click 'edit' to update your shipping/billing address, payment information, email address, or your order processing date

MEMBER SERVICES

- 2.1 Call (08) 0046-6815 for assistance.
 - 2.2 Email newzealand@doterra.com with your Wellness Advocate number and the information you would like updated.
- If you wish to update your email address, email newzealand@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 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 newzealand@doterra.com or fax to (03) 9543 4554 with Attn: Data Entry.

UPDATING BIRTHDATE

Please fill out the information below with your updated birthdate:

WELLNESS ADVOCATE # _____ WELLNESS ADVOCATE NAME _____

UPDATED BIRTHDATE _____

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 newzealand@doterra.com with Attn: Data Entry 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 PARTICIPANT: _____

WELLNESS ADVOCATE AGREEMENT ACCOUNT INFORMATION CHANGE FORM

Send to newzealand@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 business entity account, please contact Data Entry by emailing: newzealand@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

ACCOUNT TRANSFER

For account transfers, please refer to the account transfer form or the 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 to ensure you receive the best service for your case.

AGREEMENT & SIGNATURE

By submitting 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