ACCOUNT INFORMATION CHANGE FORM —USA

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 service@doterra.com with your Wellness Advocate number and the information you would like updated.

   - If you wish to update your email address, email service@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.

   - To subscribe or update an email address for newsletters or doTERRA 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 five documents to designate proof of name change:
- Marriage License
- Court Petition for Legal Name Change, original or certified copy
- W-9
- Driver’s License
- Social Security Number Card

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 Security 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 Birthday: ________________________________

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

☐ Wellness Advocate Agreement  ☐ W-9

In the subject line of the email, state: “Social Security 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  ☐ W-9

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 _____________