

ACCOUNT CHANGE REQUEST FORM

Please complete this form to make corrections or changes to your Amare account. Check all that apply. **This does not transfer or change ownership of the distributorship to another individual or entity. Refer to the Transfer of Distributorship Form for those requests.**

For assistance, please call Customer Experience at 888-898-8551. Forms can be submitted by email at support@amare.com or by fax at 888-896-9661.

Print Full Name (First, Last):	Amare ID:
Please select the type of account change being requested and fill out the according section.	
<input type="checkbox"/> Name Change/Correction Required Form: <ul style="list-style-type: none"> IRS W-9 Form Attach one of the following documents to verify the change: <ul style="list-style-type: none"> Driver's License Marriage License Court Petition for Legal Name Change 	
Change First/Last Name from:	Change First/Last Name to:
<input type="checkbox"/> Business Company Name Change/Correction Required Forms (all apply): <ul style="list-style-type: none"> IRS W-9 Form IRS Confirmation Letter for EIN Articles of Incorporation 	
Change Company Name from:	Change Company Name to:
<input type="checkbox"/> Date of Birth Correction Attach one of the following documents to verify the change: <ul style="list-style-type: none"> Driver's License Passport Birth certificate Citizenship certificate 	
Change Date of Birth from:	Change Date of Birth to:
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<input type="checkbox"/> Tax ID Correction - SSN/EIN (check one)	
<input type="checkbox"/> SSN – Attach one of the following documents to verify the change: <ul style="list-style-type: none"> • IRS W-9 Form • Social Security Number Card 	
<input type="checkbox"/> EIN – Required Forms (all apply): <ul style="list-style-type: none"> • Articles of Incorporation • IRS EIN Confirmation Letter 	
Change my SSN/EIN from:	Change my SSN/EIN to:
<input type="checkbox"/> Account Email Address	
This will require you to reset your password to your Replicated Site and Backoffice after being changed.	
Change Email Address from:	Change Email Address to:
<input type="checkbox"/> Co-Applicant Information*	
Add the following co-applicant listed below to your distributorship:	
Name (First, Last):	
Email:	Phone Number:
<i>*By signing here, I am agreeing to the terms and conditions set in the Amare Policy Manual. Please note, spouses are required to have one account.</i>	
Co-Applicant Signature: _____	

ACCOUNT HOLDER AUTHORIZATION

By submitting and signing 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. Amare Global reserves the right to approve or deny any or all account changes set forth in this form. Please allow 7-10 business days for processing. Policy Manual enforced.

Print Name: _____

Signature: _____

Date: _____