

Date \_\_\_\_\_

**I UNDERSTAND THAT THIS FORM DOES NOT CONSTITUTE A TRANSFER OF DISTRIBUTORSHIP AND THAT THE ACCOUNT REMAINS IN THE CONTROL OF THE SAME PERSON/PEOPLE ON FILE.**

**ACCOUNT NAME CHANGE**

I, \_\_\_\_\_ ID# \_\_\_\_\_

hereby request Synergy Worldwide to change my Team Member account name:

from \_\_\_\_\_ to \_\_\_\_\_

and/or \_\_\_\_\_

**CONTACT NAME CHANGE**

I, \_\_\_\_\_ ID# \_\_\_\_\_

hereby request Synergy Worldwide to change the contact name on My Team Member account:

from \_\_\_\_\_ to \_\_\_\_\_

*The new contact name must be found in the group membership addendum and in the articles of incorporation.\**

Team Member Signature \_\_\_\_\_

Other signature(s) on account, if group membership \_\_\_\_\_

Old Social Security # / Tax ID (EIN) # \_\_\_\_\_

New Social Security # / Tax ID (EIN) # \_\_\_\_\_

**PLEASE ATTACH LEGAL PROOF OF THE FOLLOWING CHANGE**

- I am changing my account from a personal membership to a group membership.\*
- I am changing my account from a group membership to a personal membership.
- Other. Please explain \_\_\_\_\_

**Please note:** Synergy reserves the right to deny any or all name change requests. If this request is approved, the requesting distributor will be charged a \$10 fee. This will be charged at the time the changes are made.

**PAYMENT INFORMATION**

Visa  MasterCard  American Express

I hereby authorize Synergy Worldwide to charge my credit card for the processing fee associated with this name change.

Card No. 

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Expiration Date \_\_\_\_\_

Name on Credit Card	Signature	Date Authorized

\*Please attach a completed Group Membership Addendum Form. In the case of a change to a corporate tax I.D., please also include a copy of the Articles of Incorporation.

OFFICE USE ONLY  
FEE PAID  
CHECK #