

# CHANGE OF STATUS FORM

THIS FORM MUST BE MAILED/FAXED/SUBMITTED DIRECTLY TO THE FLP OFFICE



## FOREVER LIVING PRODUCTS

PMB CT 251 CANTONMENTS. OPPOSITE MR. BIGGS RESTAURANT  
Tel 0302223878 Fax 0302223884

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Telephone #(\_\_\_\_)\_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Your Signature \_\_\_\_\_  
Last First Middle (or Social Security#) (required for all changes)

Check all applicable boxes and fill in the corresponding information to complete your request:

**CORRECTION/ADDITION OF SOCIAL SECURITY NUMBER** \_\_\_\_\_  
New Social Security Number

**CORRECTION OF NAME** \_\_\_\_\_  
Previous Name (Last, First Middle) New Name (Last, First Middle)

**CORRECTION OF ADDRESS/ COUNTRY OF RESIDENCE** \_\_\_\_\_  
Previous Address (Street) New Address (Street)  
\_\_\_\_\_  
(City, State) (Zip Code) (City, State) (Zip Code)

**CHANGE OF PRIMARY DISTRIBUTOR** \_\_\_\_\_  
New Primary Distributor (Last, First Middle) New Secondary Distributor (Last, First Middle)  
\_\_\_\_\_  
New Primary Distributor's Signature New Secondary Distributor's Signature

**ADD/DELETE SPOUSE** \_\_\_\_\_ **OR** \_\_\_\_\_  
Spouses Name to Add (Last, First Middle) Spouses Name to Delete (Last, First Middle)  
\_\_\_\_\_  
Added Spouse's Signature Deleted Spouse's Signature

**CHANGE LANGUAGE PREFERENCE** (check one only):  ENGLISH  SPANISH  CHINESE

**CORRECTION/ADDITION EMAIL ADDRESS:** \_\_\_\_\_