



REQUEST FOR CHANGE OF NAME, SSN AND/OR TAX ID

Current Website Name: www.lifewave.com/ _____

Member ID #: _____

First and last name listed on the site: _____

SSN or Federal ID# currently listed on the site: _____

I REQUEST TO CHANGE THE NAME AND/OR SOCIAL SECURITY FOR TAX ID # ON MY BUSINESS CENTER TO:

First Name: _____

Last Name: _____

SSN: _____

Tax ID #: _____

Phone: _____

E-mail: _____

I REQUEST THIS CHANGE IN MY BUSINESS CENTER FOR THE FOLLOWING REASONS:

Member Signature: _____ Date: _____

ONCE COMPLETED, PLEASE FAX OR EMAIL TO:

USA ▶ TEL: +1(866) 202-0065 / FAX: +1(858) 459-9876
EMAIL: customerservice@lifewave.com

EUR ▶ TEL: +353 91 874 600 / FAX: +353 91 874 655
EMAIL: customerserviceeu@lifewave.com

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DCO 1343 F-191 REV-01