MANNATECH

Mail to: 1410 Lakeside Pkwy, STE 200
Flower Mound, TX 75028
or FAX to: (800) 825-6584

FOR OFFICE USE ONLY/
ACCOUNT NUMBER

U.S. CHANGE OF ASSOCIATE INFORMATION

NOTE: Forward minor corrections for names and I.D. numbers to the Tax Department.
Forward Change of Address information to the Data Entry Department.

CURRENT ASSOCIATE INFORMATION

(PLEASE PRINT)

TAX I.D. NO.: ❑ SSN ❑ FED I.D. ❑ TRUST TAX I.D.

COUNTRY

LAST NAME

FIRST NAME (**NAME IS REQUIRED FOR PROCESSING**)

BUSINESS NAME: ❑ SOLE PROPRIETORSHIP ❑ TRUST ❑ PARTNERSHIP ❑ CORPORATION

PLEASE NOTE: *If Trust, Corporation or Partnership account, the Mannatech Online Documents 1806301 Disclosure of Trust, 1806401 Disclosure of Partnership or Corporate Membership must accompany this change.*

TELEPHONE ❑ DAYTIME ❑ EVENING

CURRENT "MAIL TO" INFORMATION

STREET ADDRESS (USE THIS LINE AND THE NEXT LINE BELOW IF MORE SPACE IS NEEDED)

STREET ADDRESS, CONTINUED

CITY

STATE ZIP CODE

DAY TELEPHONE

EVENING TELEPHONE

FAX

EMAIL ADDRESS (PLEASE PRINT)

ASSOCIATE SIGNATURE

X_____
ASSOCIATE SIGNATURE DATE

X_____
ASSOCIATE SIGNATURE DATE

CHANGE OF ADDRESS
CHANGE CURRENT ADDRESS TO:

MAIL TO:

STREET ADDRESS (USE THIS LINE AND THE NEXT LINE BELOW IF MORE SPACE IS NEEDED)

STREET ADDRESS, CONTINUED

CITY

STATE ZIP CODE

DAY TELEPHONE

EVENING TELEPHONE

FAX

EMAIL ADDRESS (PLEASE PRINT)

SHIP TO:

STREET ADDRESS (USE THIS LINE AND THE NEXT LINE BELOW IF MORE SPACE IS NEEDED)

STREET ADDRESS, CONTINUED

CITY

STATE ZIP CODE

DAY TELEPHONE

EVENING TELEPHONE

FAX

CORRECTION OF ASSOCIATE NAME / I.D.
CORRECT CURRENT ASSOCIATE NAME OR TAX NUMBER TO:

DO NOT use this section to transfer ownership—use Mannatech Online Document 1805601 Position Transfer.

TAX I.D. NO.: ❑ SSN ❑ FED I.D. ❑ TRUST TAX I.D.

LAST NAME

FIRST NAME

BUSINESS NAME: ❑ SOLE PROPRIETORSHIP ❑ TRUST ❑ PARTNERSHIP ❑ CORPORATION

PLEASE NOTE: *If Trust, Corporation or Partnership account, the Mannatech Online Documents 1806301 Disclosure of Trust, 1806401 Disclosure of Partnership or Corporate Membership must accompany this change.*

TELEPHONE ❑ DAYTIME ❑ EVENING

SPECIAL INSTRUCTIONS

1. This form is to be used only by a current Associate to correct his/her name, address and/or I.D. number.
2. If the I.D. number is off by two or more digits, a Position Transfer Form will be required.
3. Joint accounts require the signatures of both parties (married couples, partnership, etc.).
4. This form cannot be used for the purpose of changing Sponsors or the transfer of ownership to another individual.

FOR OFFICE USE ONLY

© 2018 Mannatech, Inc. All rights reserved.