



LONGRICH AMERICA INT'L, INC.

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IBO INFORMATION CHANGE REQUEST FORM

This form may be submitted by an Independent Business Owner (IBO) who wishes to update their Federal Tax ID, Social Security Number (SSN), or personal information on his or her account. Account status and/or rank is not affected as this Information Change Request is not considered as a Transfer of Ownership. This form is only used to update pertinent personal information. Information with asterisk (*) is required.

Please submit form to infousa@longrich.com

*IBO ID# _____

EXISTING DETAILS

Please ONLY enter the existing details that you want to CHANGE.

First Name: _____	Last Name: _____	<p align="center">Complete if a business entity:</p> Business Name: _____ EIN: _____	
SSN: _____	DOB: _____		
Street Address: _____			
City: _____	State: _____	Zip Code: _____	Country: _____
Daytime Phone: _____	Evening Phone: _____	Email: _____	

Independent Business Owner (IBO) acknowledges that they will remain responsible for all commissions earned on the account for the current calendar year and will be issued of 1099 as changes to the member information does not remove the account holder from their tax obligation stemming from this account.

NEW DETAILS

Please ONLY enter the NEW details that you want to CHANGE.

First Name: _____	Last Name: _____	<p align="center">Complete if a business entity:</p> Business Name: _____ EIN: _____	
SSN: _____	DOB: _____		
Street Address: _____			
City: _____	State: _____	Zip Code: _____	Country: _____
Daytime Phone: _____	Evening Phone: _____	Email: _____	

* Reason for requesting the information change: _____

I understand that completion and submission of this form is only a request to edit personal information. I acknowledge that the completion of this form does not constitute a sale and/or transfer of ownership for this account, which I am currently the owner. I understand that I will be responsible for this account, including but not limited to commissions, taxes, outstanding balance, etc.

- When submitting the request, please include a copy of the account holder's photo ID (US Driver's License, Passport, or other forms of photo ID).
- Request for the Information Change will be processed within a week from the time all pertinent document is received.
- Longrich America reserves the right to approve or deny the information change request at its own discretion.

I fully acknowledge and agree to Longrich America's Policies & Procedures and accept the Terms & Conditions.

* IBO's Signature

* IBO Name (Please Print)

*Date

FOR OFFICE USE ONLY

Received and Checked by: _____	Date: _____	Approved and Edited by: _____	Date: _____
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