



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: