



CHANGE OF ADDRESS FORM

To request a change of address, the following procedure must be followed:

- Complete this form
- Mail this form to corporate headquarters:

Reliv Inc, • Distributor Relations • P.O. Box 405 • Chesterfield, MO 63006-0405

Allow at least 10 days from the date you send this form for the requested change to be made by Reliv.
All changes will be effective immediately upon Reliv's receipt of this form.

YOUR NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER -OR- TAX ID NUMBER

PREVIOUS ADDRESS

STREET ADDRESS

CITY

STATE

ZIP + FOUR

P.O. BOX (IF APPLICABLE)

CITY

STATE

ZIP + FOUR

(AREA CODE)

TELEPHONE NUMBER

NEW ADDRESS

STREET ADDRESS

CITY

STATE

ZIP + FOUR

P.O. BOX (IF APPLICABLE)

CITY

STATE

ZIP + FOUR

(AREA CODE)

TELEPHONE NUMBER

YOUR SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

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