



COACH ACCOUNT MANAGEMENT CONSENT FORM

This consent form must be completed and signed by a Coach in order to allow another individual to access and make administrative changes to the Coach's account.

I, Coach _____, Coach Number _____, authorize _____

(email: _____; telephone: _____) to make the following administrative changes to my

Coach account:

Account Change Authorized

Coach's Initials

Change of Contact Information
(i.e. email, phone number,
Billing or shipping address)

Change of form of payment**

Change of Product or HD Order

Other Change:

****Note that another individual cannot change banking and compensation information, such as EFT or check receipt.**

By signing below, I authorize these changes as the Coach account holder and understand that these changes will remain in effect until I change or revoke this authorization in writing.

By: _____

The completed form should be returned to:

Name: _____
PLEASE PRINT

Date: _____

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