

FORM MUST BE COMPLETE IN ORDER TO AVOID DELAYS

Owner Name (as it appears on payment or statement detail):		Owner Number (as it appears on payment or statement detail):	
Tax Identification No.: (Last 4 Digits) OR Social Security No.: (Last 4 Digits)		*E-mail Address (where we can contact you if we have questions about this form):	
Signature:		Date:	
Old Address:		New Address:	

Change all addresses for payments, statements, or other correspondence that match old address as listed?

If yes, check here:

***PLEASE NOTE: IF ANY FIELD IS INCOMPLETE OR DOES NOT MATCH THE INFORMATION IN OUR SYSTEM, NO CHANGES WILL BE MADE. WE WILL CONTACT YOU AT THE ADDRESS WE HAVE ON FILE OR THROUGH THE EMAIL ADDRESS YOU HAVE PROVIDED.**

Mail, fax or email to:

ConocoPhillips Company
 Attn: Station X
 315 S. Johnstone Ave.
 Bartlesville, OK 74003-9956
 Fax: 918.662.3404
RPAOwnerNameAndAddress@cop.com