

Owner Name or Company:	
Owner Number:	Tax Identification No. : (Last 4 Digits) OR Social Security No.: (Last 4 Digits)
E-mail Address:	Phone Number:

I request ConocoPhillips void the check(s) indicated below and reissue the funds:

Check Number	Check Date	Check Amount

☐ Check this box to void any outstanding checks prior to the date on this form.

The funds from the voided checks will be issued to you in the next payment cycle that meets your normal payment criteria.

Signature:

Date:

Interested in Direct Deposit?

Payments made by Direct Deposit provide a more secure transfer of funds. If you are interested in receiving payments directly to your bank account, please return the form that can be found at:

<http://static.conocophillips.com/files/resources/eft-final.pdf>

Have you moved?

If you have recently moved, please ensure your address is up to date. A change of address form can be found at:

<http://static.conocophillips.com/files/resources/coa-final.pdf>

Submit this form via mail, fax, or email to: ConocoPhillips Company
Owner Relations Dept.-Voids
P.O. Box 5050
Bartlesville, OK 74005
Fax: 918-661-5544
E-mail: G-NORU@cop.com

For questions, contact Owner Relations: A-F: call 918-661-0903 or e-mail A-FORU@cop.com
G-N: call 918-661-0904 or e-mail G-NORU@cop.com
O-Z: call 918-661-0905 or e-mail O-ZORU@cop.com