

FORM MUST BE COMPLETE IN ORDER TO AVOID DELAYS

Owner Name (as it appears on payment or statement detail):		Owner Number(s): (If unknown, please notarize this form.)	
Tax Identification No.: (Last 4 Digits) OR Social Security No.: (Last 4 Digits)		*E-mail Address:	
Signature:		Phone #:	Date:
Old Address:		New Address:	

***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. UPDATES WILL ONLY BE MADE TO THE OWNER NUMBER(S) PROVIDED ON THE FORM. IF NO OWNER NUMBER IS PROVIDED AND FORM IS NOTARIZED, UPDATES WILL BE MADE TO OWNER NUMBERS MATCHING THE OLD ADDRESS.**

Mail, fax or email to: ConocoPhillips Company Attn: Station X 315 S. Johnstone Ave. Bartlesville, OK 74003-9956 Fax: 918.662.3513 RPAOwnerNameAndAddress@cop.com	If Applicable, use this space for Notary: STATE OF _____ COUNTY OF _____
	The foregoing instrument was acknowledged before me on this _____ day of _____, 20____. (Seal) _____ <div style="text-align: right;">_____ Signature</div>

For detailed information on how we handle and protect your personal information/data, please refer to the [ConocoPhillips' Privacy Policy](#).

To send form electronically: