



FORM MUST BE COMPLETE IN ORDER TO AVOID DELAYS

ADDRESS CHANGE REQUEST

Owner Name as it appears on payment or statement detail

Owner or BA Number (minimum 9 digits) as listed on payment or statement detail

SSN or Taxpayer Identification Number

Signature/Date

OLD ADDRESS:

NEW ADDRESS:

*Change all addresses for payments, statements, or other correspondence that match old address as listed?
If yes, mark here*

*** Please include an email address where we can contact you if we have questions about this form:**

***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 or Fax to:

ConocoPhillips
Attn: Owner Name & Address Dept. – 880 POB
P O Box 7500
Bartlesville, OK 74005-7500
Fax: (918) 662-0021 (Address Changes Only)

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