

DIRECT DEPOSIT ENROLLMENT FORM

Please complete this application to receive payments via direct deposit to the financial institution of choice.

Owner Name(s):				
Designation (Corporat	e Officer, Trustee, Ex	ecutor, Power of Atto	rney, etc.):	
Owner Number:		Phone #:	Phone #:	
E-mail Address:				
Owner Remittance Ad	dress:			
City:	State:	Zip:	Country:	
<u>STEP 1</u> : Confirm TIN o	r SSN (last 4 digits re	quired):		
STEP 2: Failure to prov	vide the requested in	nformation below will	delay your direct deposit en	rollment ¹ .
	□ Checking		□ Savings	
Financial Institution N	ame:			
Routing Number (9 digits):		Account Num	Account Number:	
Name on Account (mu	ıst match name abov	e <u>):</u>		

STEP 3: Attach a pre-printed VOIDED CHECK (checking account), pre-printed letter from bank/financial institution (savings account) with account holder information signed by a bank officer on the bank's letterhead (handwritten names or account number and electronic signatures will not be accepted). Mail, fax, or email your completed application to Marathon Oil.

I authorize Marathon Oil access to the listed account in order to directly deposit funds in accordance with the agreed payment obligations. Further, I certify the information provided is correct. I understand that paper statements are available to owners paid by direct deposit upon request. Electronic statements will be available on the Owner Relations website. I agree to provide at least 30 days written notice to Marathon Oil prior to revoking this authorization. I agree Marathon Oil will not be held liable for any interest or other claim arising as a result of failure to provide written notice of any payment instruction changes. I also release and agree to indemnify and hold Marathon Oil harmless for any loss, claim, damage, or interest incurred due to my financial institution's failure to properly or promptly post any direct deposit payment and/or as a result of any error or omission in the payment instructions provided by or on behalf of myself.

Owner/s or Authorized Representative Signature/s (Required)

Date

T: (888) 522-8871 | F: (713) 296-4490 | E: <u>OwnerRelations@marathonoil.com</u> | Division Order | P.O. Box 2069 | Houston, TX 77252-9755

¹ Please note your designated financial institution must be located within the United States. All incomplete applications will not be processed and will be returned to owner. Direct deposit applications take 60 days to process. The posting of funds may vary, and we strongly recommend you check with your financial institution to determine when your funds will be available.