



ADDRESS CHANGE AUTHORIZATION FORM

For your protection, address changes will not be accepted by telephone. All address change requests must include the owner's signature. Please provide the last four digits of your Social Security Number (SSN) or Tax Identification Number (TIN) for verification purposes.

Please complete the information required below and return the completed form to Marathon Oil via mail, fax, or email. Please allow up to 60 days for address changes. Address changes will be applied to all correspondence or payments issued by Marathon Oil unless otherwise directed.

Owner Name: _____

Designation (Corporate Officer, Trustee, Power of Attorney, etc.): _____

Owner Number: _____ TIN or SSN (last 4 digits): _____

Phone #: _____ E-mail Address: _____

OLD ADDRESS: _____

City: _____ State: _____ Zip: _____

NEW ADDRESS: _____

City: _____ State: _____ Zip: _____

I authorize Marathon Oil to change my address as directed above.

Owner or Authorized Representative Signature (Required)

Date