



CHANGE OF ADDRESS FORM

I, _____, authorize Territory Resources LLC (“TR”) and/or its affiliates/subsidiaries to change the address on my owner account.

Owner Number: _____ OR TR Lease Number: _____
 (Your Owner Number is listed in the upper left corner of your check detail)

Social Security # / Taxpayer ID: Please fill out and include the attached W-9

Name on the Account: _____

Your name (if you are not the owner): _____
 (If not previously provided, please attach documentation establishing your relationship with the Account Owner for TR’s review.)

OLD ADDRESS	NEW ADDRESS
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
	Phone
	Email

Apply this address change to my: Check/Revenue Address Correspondence Address
 If neither box is selected, both addresses will be updated.

All fields must be completed and this form and the W-9 must be returned before the change of address can be processed. After TR’s receipt and approval, the change of address will become effective within thirty (30) days.

TERMS OF ACCEPTANCE & SIGNATURE

I, the requestor of this Change of Address Form, warrant the truthfulness of the information provided in this Change of Address Form.

Please sign on the line provided below and print your name and title, if applicable, below your signature. A signature is required by all parties listed on the account.

 Name:
 Title:

 Name:
 Title:

Email the completed and executed form to: ownerrelations@territoryllc.com or by regular mail at the address listed below.