ROYALTY CHECK RE-ISSUE REQUEST FORM

* Re-issued Checks will be in addition to your next royalty check and effective within 30 days of submission to Royalty Owner Relations.

OWNER CODE: ___________________________  DATE: __________________________

OWNER NAME: __________________________________________________________

REQUESTOR SIGNATURE: ______________________________________________________

Contact: ___________________________  Your Phone #: ___________________________

Your E-mail Address: _______________________________________________________

REASON FOR VOID:

☐ OWNER DECEASED
☐ LOST IN MAIL
☐ STALE DATED
☐ OTHER: _______________________________________________________

* Please include original check to be re-issued if available.

FOR OFFICE USE ONLY

CHECK AMOUNT: ___________________________  CHECK VOID DATE: ___________________________
CHECK DATE: ___________________________  STOP PAY REQUESTED: ___________________________
CHECK NUMBER: ___________________________  REQUESTED BY: ___________________________

Return this form to:
Kinder Morgan CO: Company, L.P.
Attn: Royalty Owner Relations
1001 Louisiana St., Suite 1000
Houston, Texas 77002
713-230-5675 fax
ROR@kindermorgan.com