

## 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<sub>2</sub> Company, L.P.  
Attn: Royalty Owner Relations  
1001 Louisiana St., Suite 1000  
Houston, Texas 77002  
713-230-5675 fax  
ROR@kindermorgan.com