

## CHANGE OF ADDRESS FORM

I, \_\_\_\_\_, authorize Penn Natural Resources, LLC., and/or its affiliates/subsidiaries to change the address on my owner account.

Owner Number: \_\_\_\_\_ Last 4 Digits of Social Security # / Taxpayer ID: \_\_\_\_\_  
*(Your Owner Number is listed on your revenue check stub)*

Names 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 review.)*

| PREVIOUS ADDRESS |          | NEW ADDRESS |          |
|------------------|----------|-------------|----------|
| Address          |          | Address     |          |
|                  |          |             |          |
|                  |          |             |          |
| City             |          | City        |          |
| State            | Zip Code | State       | Zip Code |
|                  |          | Phone       |          |
|                  |          | E-mail      |          |

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 or the change of address cannot be processed. After receipt and approval, the change of address will become effective within thirty (30) days.**

### TERMS OF ACCEPTANCE & SIGNATURE

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

**Please date, sign and print your name below. A signature is required by all parties listed on the account.**

|           |              |      |
|-----------|--------------|------|
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |

**Scan and email this completed form to:**

**Or mail completed form to: Penn Natural Resources, LLC, ATTN: Land Dept. PO Box 278 Indiana, PA 15701**