



CHANGE OF ADDRESS FORM

I, _____ hereby authorize Vanguard Natural Resources and/or its subsidiaries to change the address on my account

Owner Number	
Last 4 of SSN	
Name on the Account	
Name of Requestor	**

*** If you are not the owner please provide a copy of the Power-of-Attorney or any other supporting documentation*

OLD ADDRESS

Street Address: _____
City: _____
State: _____
Zip Code: _____

NEW ADDRESS

Street Address: _____
City: _____
State: _____
Zip Code: _____

Email Address: _____

Phone Number: _____

When properly executed, this update will become effective within thirty days after its receipt.

Signature: _____ Date: _____

Vanguard Natural Resources, Inc.

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