



CHANGE/CONFIRMATION OF ADDRESS

Please provide the requested information so that we may forward checks and mail regarding your ownership in an accurate and timely manner. We are unable to make address changes/corrections from verbal instructions. Thank you in advance for providing the updated information.

Date: _____

Effective Date: _____

Last 4 digits of your Social Security Number: _____
(Your SSN is on file; please provide for verification purposes)

Equitrans Owner Account Number: _____

New Address: _____

E-mail address (if applicable) _____

Signature Date

Print Name

(_____) _____
Daytime Telephone Number

Please return this sheet to: **EQUITRANS MIDSTREAM CORPORATION**
PO Box 269
Canonsburg, PA 15317-0269
Phone: 888-613-7848
Fax: 724-749-5183
OwnerRelations@equitransmidstream.com