



MERIT ENERGY COMPANY

### Declaration of Loss

**Instructions:** To submit a Declaration of Loss form for a Merit Energy Company issued check, you must complete and sign this form in its entirety. Once completed, please mail or fax to Merit Energy Company at the address/fax number listed below. We cannot process your request until we have received all required documentation.

**Attn: Royalty Relations  
Two Lincoln Centre  
5420 Lyndon B Johnson Fwy, Suite 1200  
Dallas, TX 75240  
Fax: (972) 960 – 1252**

**ORIGINALLY ISSUED CHECK AND PAYEE INFORMATION** (*print*):  
Payee/Authorized Representative\*: \_\_\_\_\_

Originally Issued Check number (if known): \_\_\_\_\_

Owner/payee number: \_\_\_\_\_

Date of missing check: \_\_\_\_\_

Last four digits of your SSN/Tax ID Number: \_\_\_\_\_

*\* If there are two or more owners on the account, each owner must complete this form. If the owner has an attorney-in-fact (Power of Attorney) who is acting on his or her behalf, Merit requires a copy of the court order appointing that person as the owner's Power of Attorney or guardian. If an Authorized Representative of the payee is completing the form, please include the representative's title. If you have any questions regarding this request, please feel free to contact us at 972-628-1590.*

#### DECLARATION OF LOSS

*I certify and declare under penalty of perjury that I am the Payee/ Authorized Representative named above. I am making this request because (i) I lost possession of the check, (ii) the loss of possession was not the result of a personal transfer or a lawful seizure of the check, and (iii) I cannot reasonably obtain possession of the check because (check applicable box):*

- 1. The check is lost
- 2. The check was destroyed
- 3. The check was stolen from my possession
- 4. Other: \_\_\_\_\_

#### TERMS OF ACCEPTANCE & SIGNATURE

I understand that my claim may be delayed until the next pay cycle if the Declaration of Loss form fails to reach Merit Energy Company at a time and in a manner affording Merit Energy Company a reasonable amount of time to act before the funds are reissued. If I should obtain possession of the originally issued check at any time, I hereby agree that I will return the originally issued check to Merit Energy Company and not deposit, endorse, or otherwise use the originally issued check in any way.

I agree to defend, indemnify, and hold harmless Merit Energy Company from any claim, damages, costs or expenses made or incurred as a result of a financial institution's refusal to pay the originally issued check described above.

I acknowledge and agree that the DECLARATION OF LOSS set forth above constitutes a warranty of the truth of the statements made in that declaration. **UNDER PENALTY OF PERJURY, I HAVE READ THE ABOVE STATEMENTS AND HEREBY DECLARE THE STATEMENTS ARE TRUE AND ACCURATE. I UNDERSTAND I AM ELECTRONICALLY SIGNING THIS DECLARATION OF LOSS FORM. I UNDERSTAND THAT AN ELECTRONIC SIGNATURE HAS THE SAME LEGAL EFFECT AND CAN BE ENFORCED IN THE SAME WAY AS A WRITTEN SIGNATURE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

\_\_\_\_\_ **Date Received**

\_\_\_\_\_ **Pull List**

\_\_\_\_\_ **Normal Check**

\_\_\_\_\_ **Date Voided**