

**Must be  
Postmarked  
No Later Than  
December 27, 2012**

**El Paso Corporation Shareholder Litigation  
c/o GCG  
Claims Administrator  
P.O. Box 9943  
Dublin, OH 43017-5943  
(888) 726-7096 (Toll Free)**



Claim Number:

Control Number:

**PROOF OF CLAIM AND RELEASE**

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED BY DECEMBER 27, 2012, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED, AND COMPLETED CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE SETTLEMENT.

**DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE SETTLING PARTIES OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.**

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**Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:**  
**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0**



## PART I - GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of Proposed Settlement of Class Action, Settlement Hearing, and Right to Appear ("Notice") that accompanies this Proof of Claim and Release form ("Claim Form"), including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, each claimant will be certifying that it/she/he has read and understands the Notice, including the Plan of Allocation and the terms of the releases described therein and provided for herein.
2. By signing and submitting this Claim Form, each claimant will be certifying that the claimant is (or is acting on behalf of a Person that is) a member of the Class, which is defined as: all Persons who held El Paso Corporation common stock at any time from August 30, 2011 through and including May 25, 2012 (the Class Period)(including, without limitation, the Texas Plaintiffs and the New York Plaintiff), and each of their transferees, successors and assigns. Excluded from the Class are the following: (a) (i) the Individual Defendants and each member of their Immediate Families; (ii) El Paso (including El Paso Corporation) and the Kinder Morgan Defendants, their respective parents, subsidiaries, and affiliates, as well as each Person who served as a Section 16 Officer, director, partner or member of El Paso (including El Paso Corporation) or any of the Kinder Morgan Defendants during the Class Period and each member of their Immediate Families; (iii) the Goldman Defendants and Morgan Stanley and their respective parents, subsidiaries, and affiliates (including, without limitation, the GS Entities), as well as each Person who served as a Section 16 Officer, director (including managing directors), partner or member of any of the Goldman Defendants or Morgan Stanley during the Class Period and each member of their Immediate Families; and (iv) any Person in which any Defendant or El Paso (including El Paso Corporation) has or had a Controlling Interest (the Persons identified herein in (a)(i) through (a)(iv) are collectively, the "Excluded Parties"), provided, however, that any Investment Vehicle other than the GS Entities shall not be deemed an Excluded Party; and (b) each of the Excluded Parties' respective legal representatives, heirs, beneficiaries, successors or assigns (together, with the Excluded Parties, the "Excluded Persons").
3. IF YOU ARE NOT A CLASS MEMBER, OR ARE NOT ACTING ON BEHALF OF A CLASS MEMBER, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER.
4. Class Members will be bound by the terms of any judgments or orders entered in the Action WHETHER OR NOT A CLAIM FORM IS SUBMITTED. As described in the Notice, the Judgment will release and enjoin the filing or continued prosecution of the Released Plaintiff Claims against the Released Defendant Persons.
5. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement.** Distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.
6. Use Part III of this Claim Form to provide the number of shares of El Paso Corporation common stock that you held as of May 25, 2012 (the effective date of the Merger between El Paso Corporation and Kinder Morgan, Inc.).
7. You are required to submit with your Claim Form genuine and sufficient documentation evidencing your holdings of El Paso Corporation common stock as of May 25, 2012. Documentation may consist of your brokerage account statement from May 2012 or other documents evidencing your shareholdings as of May 25, 2012, such as documents evidencing your receipt of cash and/or Kinder Morgan, Inc. common stock in exchange for your El Paso Corporation shares as a result of the Merger between El Paso Corporation and Kinder Morgan, Inc., provided that such documents show the number of shares of El Paso Corporation common stock you held at the time of the exchange. **IF YOUR SUPPORTING DOCUMENTATION IS NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**
8. Participants and beneficiaries in the El Paso Corporation Retirement Savings Plan and the El Paso Corporation Supplemental Benefits Plan (the "El Paso Plans") should not include any information relating to their transactions within the El Paso Plans in any Claim Form that they submit in this Action. Claims based on the El Paso Plans' ownership of El Paso Corporation common stock as of May 25, 2012 may be made only by the El Paso Plans' trustees.
9. Separate Claim Forms should be submitted for each separate legal entity (for example, a claim from joint owners should not include shares of El Paso Corporation common stock held by just one of the joint owners, and an individual should not combine his or her shareholdings in an IRA account with shares held solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all shares of El Paso Corporation common stock held by that entity on one Claim Form, no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all shares held in all accounts on one Claim Form).
10. All joint beneficial owners must each sign this Claim Form. If you held shares of El Paso Corporation common stock in your name, you are the beneficial owner as well as the record owner. If, however, the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner.
11. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:
  - (a) expressly state the capacity in which they are acting;
  - (b) identify the name, account number, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the El Paso Corporation common stock; and
  - (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts.)
12. By submitting a signed Claim Form, you will be swearing that you:
  - (a) own(ed) the El Paso Corporation common stock you have listed in the Claim Form; or
  - (b) are expressly authorized to act on behalf of the owner thereof.
13. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.
14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, GCG, at the above address or by toll-free phone at (888) 726-7096, or you may download the documents from [www.elpasoshareholderlitigation.com](http://www.elpasoshareholderlitigation.com).



PART II - CLAIMANT INFORMATION

Last Name (Claimant)

First Name (Claimant)

Last Name (Beneficial Owner if Different From Claimant)

First Name (Beneficial Owner)

Last Name (Joint Beneficial Owner)

First Name (Joint Beneficial Owner)

Company/Other Entity (If Claimant Is Not an Individual)

Contact Person (If Claimant is Not an Individual)

Trustee/Nominee/Other

Account Number (If Claimant Is Not an Individual)

Trust/Other Date (If Applicable)

Address Line 1

Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Province

Foreign Country

Foreign Zip Code

Telephone Number (Day)

Telephone Number (Night)

Last Four Digits of the Beneficial Owner's Employer Identification Number or Social Security Number<sup>1</sup>

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

IDENTITY OF CLAIMANT (check only one box):

- Individual, Joint Owners, Estate, Corporation, Trust, Partnership, Private Pension Fund, Legal Representative, IRA, Keogh, or other type of individual retirement plan, Other

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files.

1The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.





**CERTIFICATION (cont.)**

9. that I (we) agree to furnish such additional information with respect to this Claim Form as Delaware Co-Lead Counsel, the Claims Administrator or the Court may require;

10. that the claimant waives the right to trial by jury, to the extent it exists, and agrees to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;

11. that I (we) acknowledge that the claimant will be bound by and subject to the terms of any judgment(s) and any other orders of the Court that may be entered in the Action;

12. that I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release, relinquish, and discharge each and every one of the Released Defendant Persons with respect to any and all of the Released Plaintiff Claims, as those terms are defined in the Notice and Stipulation; and

13. that the claimant is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant is exempt from backup withholding or (b) the claimant has not been notified by the IRS that it/she/he is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant that it/she/he is no longer subject to backup withholding. If the IRS has notified the claimant that it/she/he is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claimant is not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month) (Year) (City, State, Country)

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Signature of joint claimant, if any

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of joint claimant here

**If the claimant is other than an individual, or is not the person completing this form, the following also must be provided:**

\_\_\_\_\_  
Signature of person signing on behalf of claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of person signing on behalf of claimant

\_\_\_\_\_  
Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, custodian, etc.  
(Must provide evidence of authority to act on behalf of claimant – see paragraph 11 on Page 2 of this Claim Form.)



THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN DECEMBER 27, 2012  
AND MUST BE MAILED TO:

El Paso Corporation Shareholder Litigation  
c/o GCG  
Claims Administrator  
P.O. Box 9943  
Dublin, OH 43017-5943  
(888) 726-7096

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by December 27, 2012 and if a postmark is indicated on the envelope and it is mailed First Class and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

#### REMINDER CHECKLIST

1. Please sign the release and certification on Page 5 of this Claim Form. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only **copies** of acceptable supporting documentation.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Do not send original documentation. Your documents cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your Claim Form is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at (888) 726-7096.
7. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your Claim Form, please contact the Claims Administrator at the above address or at (888) 726-7096, or visit [www.elpasoshareholderlitigation.com](http://www.elpasoshareholderlitigation.com).