



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
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 www.TRSL.org • web.master@trsl.org

Form 16AC (09/10)

00-16

ORP Member Change of Address Authorization

Print in ink or type all entries except signatures.

Member information														
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
Daytime telephone ()	Evening telephone ()													
New mailing address														
Street address, if mailing address is a post office box														
City, state, zip														

Signature of authorization*	
Signature of member or authorized agent (Do not print or type)	Date signed (mm-dd-yyyy)
▶	

***If you sign with an "X," this authorization must be witnessed**

We, _____ and _____, the undersigned competent witnesses,
 hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our presence this _____ day of
 _____ / _____
 (Month) (Year)

Signature of witness (Do not print or type)	Signature of witness (Do not print or type)
▶	▶
Street / P.O. Box	Street / P.O. Box
City, state, zip	City, state, zip