



# ORP Participant Change of Address Authorization (Form 16AC)

**00-16**  
rev. 07/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-4779

## Section 1 — ORP participant information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
NEW mailing address	City, state, zip
Street address (if mailing address is a PO box)	Daytime telephone (include area code)

## Section 2 — Signature of authorization\*

Signature of participant or authorized agent (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
▶	

\*If you signed with an "X," this authorization must be witnessed.

We, \_\_\_\_\_ and \_\_\_\_\_,  
the undersigned competent witnesses, hereby acknowledge and attest that the above-named participant appeared before us and personally signed the above in our presence this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Signature of WITNESS #1 (DO NOT PRINT OR TYPE)	Signature of WITNESS #2 (DO NOT PRINT OR TYPE)
▶	▶
Name of WITNESS #1	Name of WITNESS #2
Street / PO box	Street / PO box
City, state, zip	City, state, zip