

## **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	web.master@trsl.org	(225) 925-4779

Section 1 — ORP participant information		
Name: Last, first, Ml, 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 w	vitnessed.	
We, an	d,	
the undersigned competent witnesses, hereby acknowledge and attes	t 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)	
<b>&gt;</b>	<b>&gt;</b>	
Name of WITNESS #1	Name of WITNESS #2	
Street / PO box	treet / PO box	
City, state, zip	City, state, zip	