



IBEW LOCAL 353

Pension & Benefit Plans

Change/Update of Beneficiary for
Retiree Death Benefit & Accident Insurance

Use this form to change or update your beneficiary for your IBEW Local 353 Retiree Death Benefit & Accident Insurance. Any beneficiary(ies) you name using this form will revoke and replace any previous beneficiary(ies). Please complete, sign and date this form, and return the original to TEIBAS for processing. If you have any questions or need any assistance in completing this form please contact TEIBAS at 416-637-6789.

1. Member Information (please print clearly in ink) – Required

Social Insurance Number (SIN)		PIN – 10-digit number found on drug card	
Last Name		First Name	Middle Initial(s)

2. Beneficiary for Retiree Death Benefit & Accident Insurance

You may name anyone you wish as your beneficiary and may name more than one person. If you name more than one person, benefits will be divided according to your instructions (must total 100%). If no instructions are provided, benefits will be distributed equally among your beneficiaries. If no beneficiary is named, or your beneficiary(ies) die(s) before you, benefits will be paid to your estate. If you wish to name a minor as a beneficiary, please appoint a trustee.

BENEFICIARY #1			
Last Name		First Name	
		Middle Initial(s)	
Phone Number	Relationship to Member	<input type="checkbox"/> Beneficiary is under 18	% of Benefit
BENEFICIARY #2			
Last Name		First Name	
		Middle Initial(s)	
Phone Number	Relationship to Member	<input type="checkbox"/> Beneficiary is under 18	% of Benefit
BENEFICIARY #3			
Last Name		First Name	
		Middle Initial(s)	
Phone Number	Relationship to Member	<input type="checkbox"/> Beneficiary is under 18	% of Benefit
APPOINTMENT OF TRUSTEE (for beneficiary(ies) under age 18)		I appoint _____ as trustee to administer any benefits due to be paid to my beneficiary(ies) under age 18.	
FULL ADDRESS OF TRUSTEE			
TRUSTEE PHONE NUMBER		TRUSTEE RELATIONSHIP TO MINOR	

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form, including information about my named beneficiary(ies), is correct and accurate to the best of my knowledge.

Your Signature: _____ Date: _____ (DD/MM/YYYY)

Witness Name (print): _____ Phone Number: _____
Anyone age 18 or over, except your spouse or any beneficiary named above

Witness Signature: _____ Date: _____ (DD/MM/YYYY)



Please return the original form by mail or in person to:

TEIBAS | 110 Sheppard Avenue East | Suite 705 | Toronto ON, M2N 6Y8
 Phone 416-637-6789 | Toll-free 1-800-267-0602 | Fax 416-637-6790 | www.teibas.com